Phone: (806)-378-9472 Fax: (806)-378-3585 ehealthOSSF@amarillo.gov



OSSF Permit No.:	
Date Paid:	

Amarillo Area Public Health District

Application to install or alter an On-Site Sewage Facility in Potter or Randall County

Permit Fees: See Current FY Fee Schedule

Property Owner's Name:	
Property Owner's Mailing Address: (City, State, Zip)	
Property Owner's Contact Info: Email: Phone:	
Installer's Name: License #	
Installer's Contact Info: Email: Phone:	
911 Address of Installation: (City, State, Zip)	
Directions to Job Site:	
The information below may be obtained from the Potter/Randall Appraisal District at 806-358-1601 or on th Potter Randall Property ID: Lot Size (In a	eir website: www.prad.org
Subdivision/Survey: Unit: Block:	Lot:
Section: Tract:	
Permit Type: Residential Commercial	
Permit Purpose: New Construction Replacement If Replacement, Existing	permit No
Water Source on Property: Private Well Public Water Source – Supplier:	
For wells drilled after December 18, 1996, and the well is pressure cemented, is a copy of the well log attached?	Yes No
OSSF gallons per day:	
Soil Classification: 🗌 Ia 🔲 Ib 🔲 II 🔲 III 🔲 IV Square footage of House/Building: _	
Water saving devices present: Yes No Number of bedrooms:	
<u>Tank Information:</u> (Please list all tanks that will be used)	
Tank(s) Material: Polyethylene Concrete Fiberglass Other (Please specify):	
Tank(s) capacity: Gallons Tanks in a series of two or more:	Yes No
Tank(s) has two chambers: Yes No Secondary containment devices:	Yes No
Pipe specs -pre-tank(s)size/rating Pipe specs -post-tank(s)	size /rating
<u>Drainfield Information:</u>	
	Drip Irrigation
Leaching Chamber Type: Infiltrator ARC 36 Infiltrator Q4HC Other:	
No. of panels installed: Absorption Area installed:	
Excavation width:ft Excavation Length:ft Excavation [Depth:ft
Type of barrier (if applicable): Media type in Drainfield (if applicable)	:
FOR COMMERCIAL SYSTEMS: DOMESTIC SEWAGE ONLY; NO HYDROCARBONS OR OTHE	ER WASTE PRODUCTS
Type of facility (floor plan showing dimensions required for review)	
Occupant load: Occupant load factor(s) used: (Ex: Warehouse-50, Office area- 12, Total 62) (Ex: Warehouse 500gross, Bu	
Floor drains present: Yes No If yes, what is the use of the floor drains:	

A Professional Engineer or Registered Sanitarian must design the following On-Site Sewage Facilities and submit appropriate planning materials with this application: OSSF In a Flood Plain Recreational Vehicle Parks Aerobic Treatment Manufactured Housing Community Secondary Treatment

Multi-Unit Residential	Pressure Dosing	Soil Substitution	Spray Applica	tion	Mound Systems	S	ewage Re	cycling
	You must	check the proper box v	vith a yes, no,	or not app	licable			
From all the site chara and drain field to at lea	cteristics listed belo	w: Can you install the s		To: Tank (in feet)	To: Drainfield (in feet)	YES	NO	N/A
Public Wells				50	150			
Wells: Yours and Neigh	nbors'			50	100			
Water Lines				10	10			
Property Lines				5	5			
Lakes, Streams, Ponds	, and/or Creeks (inclu	ıde dry ones)		50	75			
Sharp slopes where se	eps may occur			5	25			
Foundations, Buildings	, and/or Surface Imp	rovements, Swimming	Pools	5	5			
Overhead and Underg	round Easements			1	1			
For any above question		igned Variance Reques					or Profe	essional
Is the valid two-year m		<pre>gn the system; include attached?</pre>	Piaiiiiiiig Mat	CIIAIS WILI	uns application			
-		fidavit filed and record	ed. and a conv	/ attached?		╁╫	片片	
		naintenance requireme					H	
representative is granted permission to inspect the premises and system of the undersigned insofar as it pertains to the provisions of Texas Chapter 285 On-Site Sewage Facilities and that the information given herein is true and correct. It is further agreed that the applicant will provide all application materials to the Environmental Health Department including, but not limited to, Site and Soil Evaluation, scaled site plan, and a floor plan with dimensions. These application materials are subject to change at any time and without notice as determined by the Director of the Environmental Health Department.								
Authorization to Con Environmental Health prior to the ATC. Once trip fee for each inspe	struct (ATC) by the Department must be this application is a ction if more than o septic system by requ	will accompany this per e Environmental Heal he completed before batter approved, the ATC will be ne inspection is neede duesting an Administration	th Department of the learning	nt is requi evaluation eriod of on ant can app	red and a pas holes are allow e year. There w eal decisions ar	ssing ins red by th vill be an nd inspec	spection ne Site E addition ctions re	by the ivaluator on the ivaluator on the ivaluation of the ivaluat
Are you familiar with all the provisions of Texas Chapter 285 On-Site Sewage Facilities?				Yes Yes		No		
If using graveless pipe or leaching chambers, are you familiar with the installation requirements?			ents?	Yes		No		
			_ License No).:		Date:		
Owner's Agent signatu	ıre (Owner's Agent m	nay be an Installer, Prof	essional Sanito	arian, or Pro	ofessional Engin	eer)		
				Date	:,			
Property Owner's sign	ature							
*The property own	ner's signature must i	be obtained to grant pe	ermission for th	ne agent to	obtain the nece	ssary pe	rmits fo	r the

installation of an On-Site Sewage Facility*

FOR OFFICAL USE ONLY				
Payment Information:				
Payment Type: Cash Credit Card-Type: Authorization No.: Check No.:				
Permit Amt Paid: Merchant Service Fee Amt Paid: Receipt No.:				
Application Review Information:				
Date Authorization to Construct Issued: (ATC expires one-calendar year from the date the ATC was issued)				
Authorization to Construct Issued By:				
Inspection Information:				
Date Operational Permit Issued:				
Designated Representative Signature:License: OS				



Amarillo Area Public Health District

Application for a Site and Soil Evaluation in Potter or Randall County

ALL INFORMATION MUST BE COMPLETE OR THE SITE EVALUATION MAY BE REJECTED

Requirements:

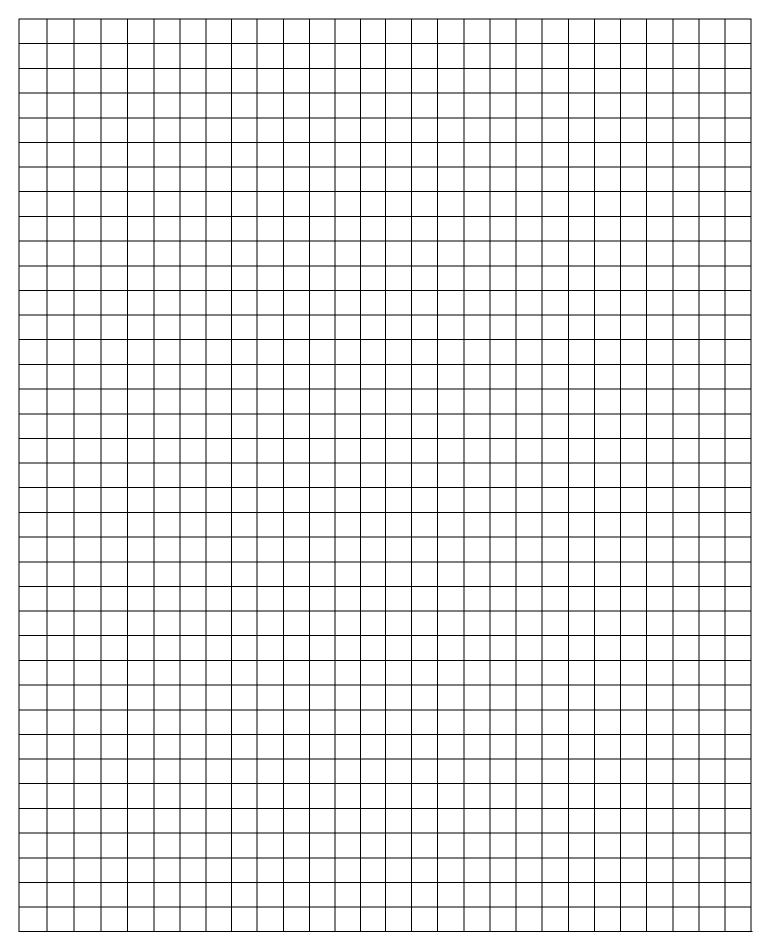
- 1. At least two soil excavations must be performed on the site, at opposite ends of the disposal area, by a licensed Site Evaluator or Professional Engineer.
- 2. Locations of the evaluation holes must be shown on the site drawing.
- 3. For subsurface disposal, soil evaluations must be dug to a depth of at least two feet below the bottom of the excavation.
- 4. For surface disposal, the surface horizon must be evaluated to at least two feet below the bottom of the surface (design criteria must be included).

Site Evalu	ator Con	tract Informatio	n:			
Site Evalua	itor Name	::		License No:		PE SE
Phone No.	:		Email Address:			
Property	Informat	ion:				
911 Addre	ss of Prop	osed Installation:	(City, State, Zip)			
Number of	f structure	es on the property	: Estimated total GPD	produced on proper	ty (5,000 or le	ss):
	evalu	ation as mentione	hod shall be considered suitabed in Texas Administrative Cod			•
Soil Boring Number Depth (inches)		#1: Soil Class Ia, Ib, II, III, or IV	Soil Texture	Soil Drainage Mottling water table presence	Restrictive Horizon	Munsell Color
Soil Boring	, Number	#2:				
Depth (i	inches)	Soil Class Ia, Ib, II, III, or IV	Soil Texture	Soil Drainage Mottling water table presence	Restrictive Horizon	Munsell Color
Gravel pre	sent in cla	ss II or class III soi	I: Yes No % by v	olume and size:	%/	
If yes, a gra	avel analy	sis shall be done a	nd must contain less than 30%	gravel and gravel gr	eater than 2.0	mm
	•	·	odway: Yes No If yes, a	• •		

SCALED SITE PLAN

A scaled site plan showing the location of the OSSF and all pertinent features such as, but not limited to, Floodplain and Floodway information, natural, constructed, or proposed drainage ways (streams, ponds, lakes, rivers), all known private and public water wells within a 150' radius, potable and non-potable water lines, property slope, swimming pools, easements, surface improvements, driveways, site evaluation holes, scaled measurement used and a North-arrow for spatial reference.

If the property is larger than 5-acres, a vicinity map shall be provided. The vicinity map is not required to be to-scale.



I certify that the findings of this report are based on my field observations at the site location and are accurate to the best of my ability. I also understand if the soil classification is disputed, it can be requested to submit a soil analysis by a laboratory to support the findings.

Signature of Site Evaluator/ License No.

Date