

**BELL COUNTY PUBLIC HEALTH DISTRICT**  
**APPLICATION TO CONSTRUCT OSSF**  
*(Revised 11 - Nov, 2003)*

- New Installation
- Repair
- Alteration

<b><u>BCPHD USE ONLY</u></b>	
DATE: _____	VARIANCE REQUEST - YES____ NO____
AUTHORIZATION: _____	_____
REVIEWED BY: _____	_____

PROPERTY OWNER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_ PHONE # \_\_\_\_\_

SITE LOCATION \_\_\_\_\_ Zip Code \_\_\_\_\_

LEGAL DESCRIPTION: Subdivision \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Section# \_\_\_\_\_

or Survey Name \_\_\_\_\_ Abst. # \_\_\_\_\_ Vol. # \_\_\_\_\_ Pg. # \_\_\_\_\_ Acres \_\_\_\_\_

SOURCE OF WATER:     Private Well   -    Public Well   -    Public Water Supply

RESIDENTIAL:    Number of Bedrooms \_\_\_\_\_   -   Square feet of living area \_\_\_\_\_

NON-RESIDENTIAL (including multi-family residence)   -   TYPE OF FACILITY: \_\_\_\_\_

(Number of employees/occupants/units) \_\_\_\_\_ Days occupied per week \_\_\_\_\_

SITE EVALUATOR: \_\_\_\_\_ License # \_\_\_\_\_ Phone # \_\_\_\_\_

DESIGNER: \_\_\_\_\_ License # \_\_\_\_\_ Phone # \_\_\_\_\_

INSTALLER: \_\_\_\_\_ License # \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the BCPHD to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site facility and that a license to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this agency's On-Site Sewage Facility Rules, TITLE 30, TAC Chapter 285.

\_\_\_\_\_  
 Signature of Owner                      /                      (Print Name)                      /                      (Date)

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<p><b><u>Treatment:</u></b></p> <p>Standard _____ Size Req _____</p> <p>Aerobic _____ Size Req _____</p> <p>No. of bedrooms _____ GPD _____ Soil Type _____</p>	<p><b><u>Disposal:</u></b></p> <p>Type: _____</p> <p>_____</p> <p>Area Req: _____</p>
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