

BELL COUNTY PUBLIC HEALTH DISTRICT

APPLICATION TO CONSTRUCT OSSF

(Revised 2015)

BCPHD USE ONLY

- New Installation
- Repair
- Alteration
- MC
- Affidavit

DATE: _____

VARIANCE REQUEST - YES ___ NO ___

AUTHORIZATION: _____

REVIEWED BY: _____

Property ID # _____

PROPERTY OWNER'S NAME _____

MAILING ADDRESS _____ Zip Code _____ PHONE # _____

SITE LOCATION _____ City _____ Zip Code _____

LEGAL DESCRIPTION: Subdivision _____ Block # _____ Lot # _____ Section# _____

or Survey Name _____ Abs. # _____ Vol. # _____ Pg. # _____ Acres _____

SOURCE OF WATER: Private Well - Public Well - Name of 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)

BCPHD USE ONLY

Treatment:

Standard _____ Size Req _____

Aerobic _____ Size Req _____

No. of bedrooms _____ GPD _____ Soil Type _____

Disposal:

Type: _____

Area Req: _____