

Site Evaluation: _____
Building Application: _____
Drainage Plan: _____
Floodplain Information: _____

Health District OSSF Permit # _____
City/County Building Permit # _____
Water Well Permit # _____

GALVESTON COUNTY HEALTH DISTRICT
ON - SITE SEWAGE FACILITY
APPLICATION AND INSPECTION REPORT

____ NEW INSTALLATION
____ RENOVATION

1. PROPERTY OWNER'S NAME: _____
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: _____
(STREET/P O BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: () _____
4. SITE ADDRESS: _____
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: Lot _____ Block _____ Sec _____ Subdivision: _____
Lot Size: _____ **PROPERTY SURVEY OR SIMILAR DOCUMENT SHOULD BE ATTACHED.**
6. SOURCE OF WATER: ___ Private Well ___ Public Water Supply _____
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms _____ Living Area (sq. ft.) _____
8. **ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd):** _____
WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) YES/NO
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? ___ YES ___ NO
11. Professional design required: ___ Yes ___ No If yes, professional design attached: ___ Yes ___ No
DESIGNER: _____ REGISTRATION NO. _____
PHONE NO.() _____ (PE or RS)
12. INSTALLER: _____ REGISTRATION NO. _____
PHONE NO.() _____

I. SEWER (House drain):

TYPE AND SIZE OF PIPE: _____ SLOPE OF SEWER PIPE TO TANK: _____

II. TREATMENT TANKS:

TANK #	MAT'L	NO. OF COMPARTMENTS	TYPE	SIZE	gals
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____

III. SITE EVALUATION

NOTE: Information worksheet must be attached for review to be completed.

Soil Class/Texture _____ Load Rate _____
Performed By _____ Phone No() _____

IV. DISPOSAL AREA

TYPE _____ MINIMUM AREA REQUIRED _____
EXCAVATION WIDTH _____ DISTANCE BETWEEN EXCAVATIONS _____
TYPE/SIZE OF MEDIA _____ TYPE/DIAMETER OF PIPE _____
TYPE OF BARRIER _____ EXCAVATION DEPTH _____
LANDSCAPE PLAN _____

V. PLOT PLAN

NOTE: This information must be attached for review to be completed.

1. Submit two (2) copies of the Galveston County Health District OSSF Application & Inspection Report. The plot on the above mentioned form must include:

- a. Size and shape of lot or property,
- b. All structures on lot such as buildings, barns, pens, etc,
- c. Size and location of treatment tank(s),
- d. Size and location of wastewater disposal area,
- e. Distance of treatment tank(s) from house, property line, water well and wastewater disposal area,
- f. Distance of wastewater disposal area from house, property line, water well and treatment tank(s),
- g. Distance and direction to closest neighboring water well from treatment tank(s) and wastewater disposal area,
- h. Distance and direction to closer open water such as ponds, lakes, streams, etc.

DESIGNERS SIGNATURE

REGISTRATION NO.

DATE

This notice must be read and signed before these construction plans will be approved. AFTER APPROVAL A BUILDING PERMIT MUST BE SECURED FROM THE APPROPRIATE COUNTY OR CITY BUILDING INSPECTION DEPARTMENT. The final inspection is to assure the system has been constructed according to the submitted plan and is consistent with good public health engineering practices. The acceptance of this plan and the approval of the final inspection, however, should not be construed to mean that the Galveston County Health District recommends, approves, certifies or guarantees On-site Sewage Facility Systems or their satisfactory performance. In the Galveston County area, due to the high water table, variation of water usage, soil and climatic conditions, On-site Sewage Facility Systems may not function satisfactorily at all times. This plan meets all State and local rules and laws including distance requirements.

Property Owner

HEALTH DISTRICT USE ONLY

* Authorization to Construct Approved/Disapproved by _____ DR# _____ Date _____

Inspection Requested by _____ Date _____

Date inspection requested for _____ Time _____ am/pm

Date inspection made _____ Time _____ am/pm

Construction Approved/Disapproved by _____ DR# _____ Date _____

Disapproval notice given to _____ Date _____

REMARKS: _____

* Authorization to construct is valid for 1 year from the date of approval. After 1 year, a new application must be submitted along with a new application fee before the OSSF may be installed.

PLEASE DRAW PLOT PLAN BELOW
SCALE _____

PLEASE SKETCH DIRECTIONS TO PROPOSED CONSTRUCTION SITE IN SPACE BELOW.