

UVALDE COUNTY APPLICATION FOR ONSITE SEWAGE FACILITY NEW CONSTRUCTION OR MODIFICATION

	DATE
	INSTALLATION ICATION
1.	PROPERTY OWNER'S NAME
	LAST FIRST MIDDLE
2.	PERMANENT MAILING ADDRESS
З.	SITE ADDRESS
4.	LEGAL DESCRIPTION secblocklot
	SUBDIVISION
5.	SOURCE OF WATERPRIVATE WELLPUBLIC WATER SUPPLY
6.	SINGLE FAMILY RESIDENCE no. of bedrooms living area (sq. ft.)
7.	COMMERCIAL STRUCTURE TYPE
	NUMBER OF OCCUPANTS TYPE
8.	SITE EVALUATOR CERTFICATION NO
9.	DESIGNER LICÈNSE NO. (PE OR RS)
10.	INSTALLER REGISTRATION NO

I certify that the above statements are true and correct to the best of to the best of my knowledge. Authorization is hereby given to Uvalde county to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site sewage facility and that a permit to operate thew facility will be granted following the successful inspection of the installed system which indicated that the system was installed in compliance with this County's on-site sewage facility rules, TAC 30, Chapter 285

11. _____

signature

date



Rick Coggins Environmental Health Inspector

Uvalde County Department of Health 66 Military Lane Box 10 Uvalde, Texas 78801 rcoggins@uvaldecounty.com

Office (830) 591-9048 Cell (830) 486-6227 Fax (830) 591-9061

TEXAS COMMISION ON ENVIRONMENTAL QUALITY OSSF SOIL EVALUATION FORM

Owner's name	
Physical address of site	
Name of site evaluator	Registration number
Date Performed	Proposed Excavation Depth

At least two soil evaluations must be performed on the site, at opposite ends of the Proposed disposal area. Please show the results of each soil evaluation on a separate Table. Locations of soil evaluations must be shown on the site drawing.

For subsurface disposal, soil evaluations must be performed to a depth of at least 2 feet Below the proposed excavation depth. For surface disposal, the surface horizon must Be evaluated.

Please describe each soil horizon and identify any restrictive features in the space Provided below. Drawlines at the appropriate depths.

Soil Boring Number					
Depth	Textural Class	Structure	Drainage Mottles/ Water Table	Restrictive Horizon	Comments
0					
1			• .		
2					
3					. •
4					
5					
6 I certify	that the above stateme	ents are true and a	re based on my field	observations SIG	NATURE

UVALDE COUNTY HEALTH DEPARTMENT OSSF SITE EVALUATION INFORMATION

DATE	
	ADDRESS
LEGAL DESCRIPTION	_SECLOTBLOCK
SURVEY	ABSTRACT
PROPERTY SIZE	ACRES
EXISTING OR PROPOSED STR	RUCTURE TO BE SERVED
	TOPOGRAPHY
SLOPE FLAT(UNDER 2%)SLIG	HT(UNDER4%)SEVERE(OVER 5%)
VEGETATION GRASS/BRUSHLIGHTLY	Y WOODEDHEAVILY WOODED
SITE DRAINAGE POORADEQUATE	GOODOTHER
	FLOOD HAZARD
PROPERTY IS LOCATED OUT	TSIDE THE 100 YR FLOOD PLAIN
IN THE 100 YR FLOOD PLAI	N
IN THE 100 YR FLOOD PLAD	N AND FLOODWAY
	WATER SUPPLY

		PRIVAIE
F PRIVATE	E;DEPTH OF WELL	CEMENTED?
		0 FT. OF PROPERTY LINE?

CALCULATION PAGE

CLIENT-- MAILING INFORMATION

Date_

		Home Cell Fax	Phone info
Site Physical address			
Legal Description of P	operty		
Soil & topography			
Building Type Water Supply If Home Well: Distance Specifications for OSS	To Septic Tank_	_ BRs no Dista	Baths ance To Drainfield
	CALCULA	5	
Ra (Rate of Soil Absorp Q (Average Daily Usage V (Volume of Septic Tai A (absorptive Area Req	e) =g nk) =ga	als/sq.ft./day pd als., two char	nbered
gpd./ga	s./sq.ft./day =	sq.	ft