

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.