

**TEXAS COMMISSION 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. Draw lines 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 statements are true and are based on my field observations SIGNATURE _____

COUNTY OF ZAVALA

**COUNTY HEALTH DEPARTMENT
OSSF SITE EVALUATION INFORMATION**

DATE _____
CLIENT _____ ADDRESS _____
LEGAL DESCRIPTION _____ SEC _____ LOT _____ BLOCK _____
SURVEY _____ ABSTRACT _____
PROPERTY SIZE _____ ACRES _____
EXISTING OR PROPOSED STRUCTURE TO BE SERVED _____

TOPOGRAPHY

SLOPE
FLAT(UNDER 2%) _____ SLIGHT(UNDER 4%) _____ SEVERE(OVER 5%) _____
VEGETATION
GRASS/BRUSH _____ LIGHTLY WOODED _____ HEAVILY WOODED _____
SITE DRAINAGE
POOR _____ ADEQUATE _____ GOOD _____ OTHER _____

FLOOD HAZARD

PROPERTY IS LOCATED OUTSIDE THE 100 YR FLOOD PLAIN _____
IN THE 100 YR FLOOD PLAIN _____
IN THE 100 YR FLOOD PLAIN AND FLOODWAY _____

WATER SUPPLY

PUBLIC _____ COMMUNITY _____ PRIVATE _____
IF PRIVATE; DEPTH OF WELL _____ CEMENTED? _____
NEIGHBORING WELL WITHIN 100 FT. OF PROPERTY LINE? _____

CALCULATION PAGE

Date _____

CLIENT-- MAILING INFORMATION

		Phone info
_____	Home	_____
_____	Cell	_____
_____	Fax	_____

Site Physical address _____

Legal Description of Property _____

Soil & topography

Building Type _____ Sq. Ft. _____ BRs _____ Baths _____

Water Supply _____ WSDs yes _____ no _____

If Home Well: Distance To Septic Tank _____ Distance To Drainfield _____

Specifications for OSSF

CALCULATIONS

Ra (Rate of Soil Absorption) = _____ gals/sq.ft./day

Q (Average Daily Usage) = _____ gpd

V (Volume of Septic Tank) = _____ gals., two chambered

A (absorptive Area Required) = Q/Ra

_____ gpd./ _____ gals./sq.ft./day = _____ sq.ft.

AUTHORIZATION TO CONSTRUCT
AN
ON-SITE SEWAGE FACILITY

Permit Application Number _____ Date _____

Property Owner _____

Mailing Address _____

Property Location _____

This serves to notify all persons that an on-site sewage facility application, related technical data, and the appropriate fee have been recieved by _____ County from the property owner or his agent. The application has been reviewed for technical and administrative consideration against the standards set forth by the TCEQ. Approval is hereby granted for the construction as shown on the submitted plans.

Any modifications to submitted plans require approval by _____ County prior to installation.

You or your installer must contact the office of the _____ County Designated Repersentative to arrange final inspection of the above mentioned system. The authorization to construct is valid for one year from the date of issue. If a final inspection has not been performed within one year of issue, a new application and fee will be required.

Application Reviewer

Date

PERMIT # _____

**ZAVALA COUNTY, TEXAS
APPROVAL OF PRIVATE SEWERAGE FACILITY
AND LICENSE TO OWN AND OPERATE SAID FACILITY
SERVING A SINGLE FAMILY DWELLING OR DUPLEX**

Location of Facility (Subdivision or community) _____

Lot Number(s) _____ Block Number _____ Street Name and Number, if any _____

Date _____

NAME OF CURRENT OWNER(S) _____

CERTIFICATION BY COUNTY DESIGNATED REPRESENTATIVE

I have inspected the private on-site sewerage facility located at the above stated address and I found that it meets minimum requirements for existing facilities and it is therefore approved for licensing.

DESIGNATED REPRESENTATIVE

This license shall run with the land, and it therefore should be given to the next owner of this property. It should be kept by the owner of this property in a safe place and be available for inspection at any time a government entity request evidence that this property has satisfactory private on-site sewerage facility.

No alterations, expansion, replacement or other major change shall be made to this sewerage facility without there first having been obtained a permit therefore from the County Health Inspector.

Note:

Keep this LICENSE with your other household records..

COUNTY OF ZAVALA
ON-SITE SEWAGE FACILITIES DEPARTMENT
319 N. 1ST AVENUE
CRYSTAL CITY, TEXAS 78839
TEL: (830)-374-2095*FAX: (830)-374-2895**

1. PROPERTY OWNER _____
2. PERMIT # AND DATE _____
3. INSPECTOR'S NAME _____
4. INSTALLER'S NAME _____

INSPECTION FINDINGS

1. TWO WAY CLEANOUT INSTALLED _____
2. PROPER TYPE PIPE FROM STRUCTURE TO TANK _____
3. PROPER SLOPE ON INLET PIPE _____
4. SIZE OF TANK AND MATERIAL _____
5. TANK MANUFACTURER _____
6. TANK CLEARLY MARKED _____
7. CLEAN OUTS PRESENT _____
8. INLET FLOWLINE GREATER THAN 3" _____
9. INLET PENETRATION GREATER THAN 6" _____
10. "T" PROVIDED AT INLET AND OUTLET _____
11. BAFFLE PRESENT IN SINGLE TANK _____
12. SIZE OF DRAINFIELD PIPE OR GRAVELESS PIPE _____
13. LEACHING CHAMBERS MANUFACTURER AND NURBER _____
14. AREA REQUIRED AND AREA INSTALLED _____
15. EVACUATION WIDTH AND DEPTH _____
16. TYPE OF POROUS MEDIA _____