

8807 Niederwald Strasse
Niederwald, Texas 78640



Tel. 512-398-6338
Fax: 512-376-9966

OSSF PLAN REVIEW CHECKLIST

PROJECT NAME _____

The items listed below are required of OSSF review. Incomplete application will not be reviewed.

_____ OSSF Permit Application

_____ OSSF Technical information sheet

_____ Site evaluation (soil, topography, vegetation)

_____ Site Diagram- and original and to scale

Must include spray area, elevations, grading, trees, vegetation, ditches, drainage easement creeks, and floodplain area.

_____ System name and design. Systems over 5000 gallons or more MUST be submitted to the Texas Commission on Environmental Quality for review.

_____ Spray irrigation design

_____ Pump/alarm diagram (gallons must be clearly marked)

_____ Affidavit surface irrigation (to be completed by property owner) Must be notarized and filed with _____ County Records. After sale or transfer of property a Transfer of Ownership is to be submitted to the City with new owner(s) name

_____ System installers registration (copy) and Certification

_____ Maintenance Agreement-to be submitted at time of application in order to construct the OSSF. An updated initial contract is also to be submitted to reflect date of sale by builder for a new single family dwelling or date of notice of approval for an existing single family dwelling with new owner(s) name.

_____ Contractor registration required for OSSF installer.

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OSSF PERMIT APPLICATION

Project Address _____

Lot _____ Block No _____ Subdivision _____

Public Water supply or Private Well _____

Is property in floodplain? ___Yes ___No

Water Saving Devices? Yes No

Owner Name _____

Contact Person _____

Address _____

Phone Number _____ Cell Number _____

PROJECT INFORMATION

Type of Dwelling:

Residential Number of Bedrooms _____ Living Area (Square footage) _____

Commercial Number of Occupants _____ Number of Days Occupied _____

Number of Bathrooms and Showers _____

Type of Construction: New ____ Existing/Minor Modification ____

Reason for modification _____

Description of work _____

Modifications: Must submit any available original system designs and plans. Site diagram to include all existing structures, pools, sprinkler/disposal area, slopes, landscaping wells, and property lines. Aerobic modifications, must submit current maintenance contract and inspection.

TYPE OF OSSF SYSTEM

____ Aerobic ____ Conventional

Name of Manufacturer _____

Brand of system _____

DESIGNER OF SYSTEM

Contact person _____

Phone Number _____

License Number _____

INSTALLER OF SYSTEM

Contact Person _____

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OSSF TECHNICAL INFORMATION SHEET

Project Address

Owner Name

Professional Design required? Yes No (If yes, attach copy to this form)

Sewer (House Drain)

Type and size of pipe

Slope of sewer pipe to tank

Daily wastewater usage rate (gallons/day)

Treatment Unit

A. Septic Tank

1. Dimensions _____

2. Liquid depth _____

(Tank bottom to outlet)

3. Size required _____

4. Size proposed _____

B. Aerobic Pretreatment Tank? Yes No

1. Manufacturer _____

2. Model _____

3. Size required _____

4. Size proposed _____

C. Other

Please attach description

Disposal System

- 1. Type _____
- 2. Loading Rate _____
- 3. Area Required _____
- 4. Area Proposed _____

Additional Information

(This material must be attached for review to be completed)

- 1. Site Evaluation
- 2. Pump Alarm Diagram
- 3. Scaled site drawing to include spray area
- 4. Filed affidavit

**Construction is not permitted until application is approved and a permit is issued.
Unauthorized construction can result in Civil and/or Administrative penalties.**

Designer's Signature

Reg/License. #

Date

Phone Number _____

License Number _____

SITE EVALUATOR

Contact Person _____

Phone Number _____

License Number _____

Authorization is hereby given to the City's designated Representative to enter upon the above scribed property for the purpose of lot evaluation and inspection of the on-site sewage facility. A permit to operate the facility will be granted when Notice of Approval is received by the City.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work win be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction

Signature of Applicant _____ Date _____

OFFICE USE ONLY

PERMIT NUMBER _____ **VALUATION** _____

FEE _____ **CASH** _____ **Check** _____

RECEIVED BY _____ **DATE** _____