## **ON-SITE SEWAGE FACILITY APPLICATION**



Check No.	_Rcpt. No
Authorization to Construct Date:	

PERMIT NO.\_\_\_\_\_

. 11 operty owner s no	ame:(Last)		(First)	(Middle)		
. Current mailing ad	dress OR email address:					
Check if ma	ailing address is different from	site location				
ite Address:						
. Telephone number:						
-	Home		Work			
. Legal description:	Block Section L	ot/Tract No.	No. of Acres	Subdivison		
]	L.C.A.D. # R					
	applicable					
Variance requested	(required if lot size is less th	an 1 acre)?	Ves No			
Unplatted subdivi	sion - date lot subdivided: _ n - date of site specific sewag					
Builder's or agent's			(F) ()			
	(Last)		(First)	(Work phone no.)		
. Installer's name: _		License no.	OS0			
. Designer's name, if	applicable (must be P.E. or	R.S.)		Reg. no		
Water-saving de ( ) Single-family	rom Construction Standards evices? Yes residential: No. of bedroom Usage rate (including commercial and 1	No No gallons.	Square f /day	Private Public Cootage of living area		
		Es	timated daily water co	nsumption gallons		
1. Site evaluation and		. 240. 41	J.,	*		
A. Depth to botto B. Soil texture: C	om of test hole or pit (must b class Ia (unsuitable)	e 24''> tnan proposed Class II	aramneia) h (suitable)	inches Class II(suitable)		
Di son texture. C	Class III (suitable)	Clas	s IV (unsuitable)	Class II(suitable)		
C. Presence of ha	rd caliche deposits?	D. Presence of other of	conditions which will af	fect suitability, size, or location of system?		
f yes, please explain_	4. d : 4b - 100 flood-lei	9 T	6laiha4			
	_			cautions will be taken to prevent tank		
flotation & envir	onmental contamination					
F. Site evaluator's na	me	Licen	se no. OS			
2. Tank size and man	nufacturer:					
3. Drainfield:	Leaching chambers		PVC & Gravel	Gravelless		
	ea:	Other:		Gravelless		
4. Total drainfield ar	rea:	square feet				
nprovements, abando		s, easement lines, swin	nming pools, ponds/lak	ances of wells, property lines, foundations, su es, sharp slopes, drainage ditches, direction o he system and the associated trench w		
CERTIFY THAT	THE ABOVE STATEMEN	ITS ARE TRUE AN	D CORRECT. AUT	THORIZATION IS HEREBY GIVEN TO		

16. Signature of owner or agent \_\_\_\_\_\_ Date \_\_\_\_\_

## CITY OF LUBBOCK OSSF SOIL EVALUATION FORM

Property owner:		
Site Location/Address:		
Name of Site Evaluator:	Registration No. OS	
*At least two soil evaluations must be performed on the sit *Soil evaluations must be performed to a depth of at least *Please describe each soil horizon and identify any restrict appropriate depths.	te, at opposite ends of the proposed disposal area. two feet below the proposed excavation depth.	_

Depth (inches)	<b>Textural Class</b>	Structure (if applicable)	Drainage Mottles/ Water Table?	Restrictive Horizon?	Comments
0 -					
12 -					
24 -					
36 -					
48 -					
60 -					
72 -					
84 -					

Soil Boring No					
Depth (inches)	Textural Class	Structure (if applicable)	Drainage Mottles/ Water Table?	Restrictive Horizon?	Comments
0 -					
12 -					
24 -					
36 -					
48 -					
60 -					
72 -					
84 -					