



CITY OF UHLAND

15 North Old Spanish Trail

Umland, TX 78640

512-398-7399

city@uhlandtx.us

ON-SITE SEWAGE FACILITY (OSSF) PERMIT APPLICATION & PLAN REVIEW CHECKLIST

PROJECT ADDRESS: _____

Lot: _____ Block: _____ Subdivision: _____

Water Supply: ☐ Public Water ☐ Private Well

Water Saving Devices? ☐ Yes ☐ No

Is Property in Floodplain? ☐ 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: _____

Phone Number: _____ License Number: _____

SITE EVALUATOR:

Contact Person: _____

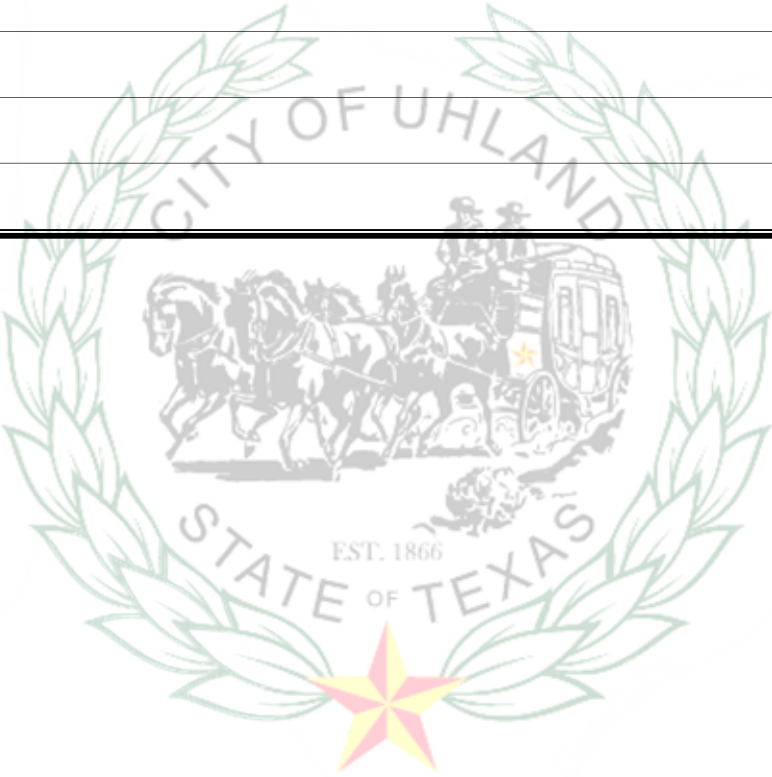
Phone Number: _____ License Number: _____

Authorization is hereby given to the City's designated Representative to enter upon the above described 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 will 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: _____ Date: _____

Office Use Only:		
Project Address:		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By:	Date:
Permit No:		
Valuation:		
Fee Amount:	Received By:	Date:
Comments:		



ON-SITE SEWAGE FACILITY (OSSF) PLAN REVIEW CHECKLIST

PROJECT NAME: _____

Required Items For Submittal Package:

The following items are required. Incomplete applications will not be reviewed.

- ___ 1. OSSF Permit Application.
- ___ 2. OSSF Technical Information Sheet.
- ___ 3. Site evaluation (soil, topography, vegetation).
- ___ 4. Site Diagram, original and to scale (Must include spray area, elevations, grading, trees, vegetation, ditches, drainage easement, creeks, and floodplain area.).
- ___ 5. System Name and Design (Systems over 5,000 gallons or more MUST be submitted to the Texas Commission on Environmental Quality for review).
- ___ 6. Spray irrigation design.
- ___ 7. Pump / alarm diagram (gallons must be clearly marked):
- ___ 8. 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.
- ___ 9. System installers registration (copy) and Certification.
- ___ 10. 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 singly family dwelling or date of notice of approval for an existing single-family dwelling with new owner(s) names.
- ___ 11. Contractor registration required for OSSF installer.