



## APPLICATION FOR EVALUATION OF AN EXISTING OSSF

GRID# \_\_\_\_\_ OSSF# \_\_\_\_\_

1. LOCATION: \_\_\_\_\_  
 ADDRESS: Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. How long have you owned this house? \_\_\_\_\_ # of current residents? \_\_\_\_\_
3. Three month water usage (gallons): Mon 1 \_\_\_\_\_ Mon 2 \_\_\_\_\_ Mon 3 \_\_\_\_\_ (unless on private well)
4. Resale / Refinancing (Circle One) Closing Date: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ Square feet: \_\_\_\_\_

<u>Office Use Only</u>	1 <sup>st</sup> Inspection		2 <sup>nd</sup> Inspection		Map showing sketch of property location using roads and local landmarks. Include location of house.
	Date	Signature	Date	Signature	
Received	_____	_____	_____	_____	
Scheduled	_____	_____	_____	_____	
Inspected	_____	_____	_____	_____	
Mailed/Sign	_____	_____	_____	_____	
Description of House, Septic and Well Location					

5. Have any modifications or improvements ever been added to the system since it was first installed? \_\_\_\_\_
6. Have you ever had the tank pumped? \_\_\_\_\_ When? \_\_\_\_\_ Why? \_\_\_\_\_
7. Has the facility ever overflowed or had sewage backed up in the house or slow to drain? \_\_\_\_\_
8. Do you have an underground sprinkler system within 10 feet of the septic system? \_\_\_\_\_
9. If no one is home when we arrive, do we have permission to enter the yard? (**Not House**) \_\_\_\_\_

I acknowledge and agree to the provisions of this request and I certify the information is true and correct.

<p><b>Owner's Agent</b>                  (Print Name) _____                  Telephone # _____                  Address _____                  Signature _____</p>	<p><b>Present Owner</b>                  (Print Name) _____                  Telephone # _____                  Address _____                  Signature _____</p>
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THIS INSPECTION WILL BE PERFORMED FROM 1 TO 10 WORKING DAYS FROM DATE OF APPLICATION

Call when ready   
  Mail   
  Will pick up

James K. Morgan, MD, MPH, WCCHD Executive Director/Local Health Authority

Paulo Pinto, Director of Environmental Services



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## PERMISSION TO ENTER & EVALUATION LIMITATIONS

LOCATION: \_\_\_\_\_  
Subdivision Block Lot

ADDRESS: \_\_\_\_\_  
Street City State Zip

### PERMISSION TO ENTER GROUNDS

I, the undersigned, lawful owner or authorized agent of the above mentioned property, grant the Williamson County and Cities Health District permission to enter said property for the purpose of conducting an evaluation of the on-site sewage facility.

### LIMITATIONS OF SYSTEM EVALUATION

This evaluation consists of an on-site surface evaluation and a thorough review of system records. The record review details any information concerning the history of this system, to include: installation certification, components, capacity, previous evaluations, and any report of system failure or malfunction. The on-site surface evaluation is a determination of current conditions.

This is a surface evaluation; system performance is not tested. Subsurface defects may not be detected. This evaluation does not certify this on-site sewage facility as a licensed system, nor does it warrant its future performance. In the event the evaluation reveals system malfunction, the inspector may require further examination of the system. Further inspections may warrant additional fees.

**FAILURE TO EXPOSE CLEAN OUT AND/OR VALVE, RESTRAIN ANIMALS,  
OR MOW GRASS OVER ABSORPTION AREA/DRAIN FIELD  
MAY WARRANT ADDITIONAL SITE VISITS AND ADDITIONAL FEES.**

In the event this evaluation is for the resale of the property, the prospective buyer must be provided a copy of this evaluation report and be informed of the evaluation. At specific request, a more comprehensive evaluation can be conducted. This extended evaluation will require the exposure of critical system components.

As the lawful  owner or  authorized agent of the property, I understand and agree to the provisions of this on-site sewage facility evaluation.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature