

## Galveston County Health District Site Evaluation Form

Date: \_\_\_\_\_  
 Client: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
 Legal Description:  
 Site Address: \_\_\_\_\_ City/Area: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Sec: \_\_\_\_ Lot: \_\_\_\_ Block: \_\_\_\_  
 Survey: \_\_\_\_\_ Abstract No: \_\_\_\_\_  
 Property Size: \_\_\_\_\_ Acres: \_\_\_\_\_  
 Existing or proposed structure to be served: (Circle one) Existing Structure/New Structure

### Topography

Slope	Vegetation	Drainage
Flat: Under 2% ____ <b>Note:</b> If slope is flat a <b>detailed drainage plan</b> shall be provided on design.	Grass/Brush: ____	Poor: ____ <b>Note:</b> If drainage is poor a <b>detailed drainage plan</b> shall be provided on design.
Slight: Under 4% ____	Lightly Wooded: ____	Adequate: ____
Severe: Over 5% ____ <b>Note:</b> If slope is severe a <b>Topo Survey</b> with half foot contours should be provided with this form on design.	Heavily Wooded: ____	Good: ____
Other:	Other:	Other:


### Flood Hazard

Property is located:  
 Outside 100 year flood plain: \_\_\_\_  
 \*In 100 year flood plain: \_\_\_\_  
 In 100 year flood plain and floodway: \_\_\_\_

**Note: \*Systems installed in flood plain must document how floatation concerns will be addressed on design. Attach a FEMA Flood Insurance Rate Map (FIRM) with property location identification or current survey with Flood Plain determination.**

## Soil Evaluation


(Based on at least two soil borings or two backhoe pits at opposite ends of the soil absorption area)

	Profile Depth	Texture (USDA)	Color
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**(Minimum depth is two feet below proposed excavation)**

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	Profile Depth	Texture (USDA)	Color
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**(Minimum depth is two feet below proposed excavation)**

Normal Textures (USDA) course sand/gravel, loamy sand, sandy loam, loam, sandy clay, clay loam, silty clay, clay.  
**Note:** Location of bore holes must be shown on design or on a separate sheet of paper.

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EFFLUENT LOADING DETERMINATION

<u>Soil Class/Texture</u>	<u>Gallons per day per square foot</u>
Ia/Gravelly Soil >30% Gravel	To great for consideration >0.5
Ib/Sandy solis with <30% gravel	0.38
II/Sandy loams/loams	0.25
III/Sandy clay/clay loams	0.20
IV/Clay/silty clays	Unsuitable 0.10

**Note:** The soil evaluated for effluent loading should be below the maximum depth of application (normally between 36 and 48 inches.)

**Indication of seasonal water table:** (Circle One) Yes No  
Depth: \_\_\_\_\_

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SOIL STRUCTURE

Class III soils must have soil structure analysis performed

Soil structure is:

Massive: \_\_\_\_
Blocky: \_\_\_\_
Platy: \_\_\_\_

**Note:** Massive and platy soils are considered unsuitable with respect to structure

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FINDINGS

Is soil suitable for standard subsurface disposal methods? (Circle One) Yes No

Wastewater application rate \_\_\_\_\_ Gal/day/sq.ft.

I, \_\_\_\_\_, a registered \_\_\_\_\_

did personally conduct the site evaluation on \_\_\_\_\_ (Date)

I certify that these results are true and correct for the property evaluated.

\_\_\_\_\_  
Site Evaluator

\_\_\_\_\_  
Registration Number

Site Evaluation: \_\_\_\_\_  
Building Application: \_\_\_\_\_  
Drainage Plan: \_\_\_\_\_  
Floodplain Information: \_\_\_\_\_

Health District OSSF Permit # \_\_\_\_\_  
City/County Building Permit # \_\_\_\_\_  
Water Well Permit # \_\_\_\_\_

GALVESTON COUNTY HEALTH DISTRICT  
ON - SITE SEWAGE FACILITY  
APPLICATION AND INSPECTION REPORT

\_\_\_ NEW INSTALLATION  
\_\_\_ RENOVATION

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_  
(STREET/P O BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: ( ) \_\_\_\_\_
4. SITE ADDRESS: \_\_\_\_\_  
(STREET) (CITY/STATE) (ZIP)
5. PROPERTY DESCRIPTION: Lot \_\_\_\_\_ Block \_\_\_\_\_ Sec \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Lot Size: \_\_\_\_\_ **PROPERTY SURVEY OR SIMILAR DOCUMENT SHOULD BE ATTACHED.**
6. SOURCE OF WATER: \_\_\_ Private Well \_\_\_ Public Water Supply \_\_\_\_\_  
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms \_\_\_\_\_ Living Area (sq. ft.) \_\_\_\_\_
8. ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): \_\_\_\_\_  
**WATER-SAVING DEVICES PROVIDED: (CIRCLE ONE) YES/NO**
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_  
NO. OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_
10. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? \_\_\_ YES \_\_\_ NO
11. Professional design required: \_\_\_ Yes \_\_\_ No If yes, professional design attached: \_\_\_ Yes \_\_\_ No  
DESIGNER: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
PHONE NO.( ) \_\_\_\_\_ (PE or RS)
12. INSTALLER: \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
PHONE NO.( ) \_\_\_\_\_

- I. SEWER (House drain):  
TYPE AND SIZE OF PIPE: \_\_\_\_\_ SLOPE OF SEWER PIPE TO TANK: \_\_\_\_\_
- II. TREATMENT TANKS:
- | TANK # | MAT'L | NO. OF COMPARTMENTS | TYPE  | SIZE  | gals  |
|--------|-------|---------------------|-------|-------|-------|
| #1     | _____ | _____               | _____ | _____ | _____ |
| #2     | _____ | _____               | _____ | _____ | _____ |
| #3     | _____ | _____               | _____ | _____ | _____ |
| #4     | _____ | _____               | _____ | _____ | _____ |

- III. SITE EVALUATION  
**NOTE: Information worksheet must be attached for review to be completed.**  
Soil Class/Texture \_\_\_\_\_ Load Rate \_\_\_\_\_  
Performed By \_\_\_\_\_ Phone No( ) \_\_\_\_\_

- IV. DISPOSAL AREA  
TYPE \_\_\_\_\_ MINIMUM AREA REQUIRED \_\_\_\_\_

- EXCAVATION WIDTH \_\_\_\_\_ DISTANCE BETWEEN EXCAVATIONS \_\_\_\_\_  
TYPE/SIZE OF MEDIA \_\_\_\_\_ TYPE/DIAMETER OF PIPE \_\_\_\_\_  
TYPE OF BARRIER \_\_\_\_\_ EXCAVATION DEPTH \_\_\_\_\_  
LANDSCAPE PLAN \_\_\_\_\_

V. PLOT PLAN

**NOTE: This information must be attached for review to be completed.**

1. Submit two (2) copies of the Galveston County Health District OSSF Application & Inspection Report. The plot on the above mentioned form must include:

- a. Size and shape of lot or property,
- b. All structures on lot such as buildings, barns, pens, etc,
- c. Size and location of treatment tank(s),
- d. Size and location of wastewater disposal area,
- e. Distance of treatment tank(s) from house, property line, water well and wastewater disposal area,
- f. Distance of wastewater disposal area from house, property line, water well and treatment tank(s),
- g. Distance and direction to closest neighboring water well from treatment tank(s) and wastewater disposal area,
- h. Distance and direction to closer open water such as ponds, lakes, streams, etc.

\_\_\_\_\_  
DESIGNERS SIGNATURE

\_\_\_\_\_  
REGISTRATION NO.

\_\_\_\_\_  
DATE

This notice must be read and signed before these construction plans will be approved. AFTER APPROVAL A BUILDING PERMIT MUST BE SECURED FROM THE APPROPRIATE COUNTY OR CITY BUILDING INSPECTION DEPARTMENT. The final inspection is to assure the system has been constructed according to the submitted plan and is consistent with good public health engineering practices. The acceptance of this plan and the approval of the final inspection, however, should not be construed to mean that the Galveston County Health District recommends, approves, certifies or guarantees On-site Sewage Facility Systems or their satisfactory performance. In the Galveston County area, due to the high water table, variation of water usage, soil and climatic conditions, On-site Sewage Facility Systems may not function satisfactorily at all times. This plan meets all State and local rules and laws including distance requirements.

\_\_\_\_\_  
Property Owner

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**HEALTH DISTRICT USE ONLY**

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Plot plan: Approved/Disapproved by \_\_\_\_\_ Date \_\_\_\_\_

Inspection Requested by \_\_\_\_\_ Date \_\_\_\_\_

Date inspection requested for \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Date inspection made \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Construction Approved/Disapproved by \_\_\_\_\_ Date \_\_\_\_\_

Disapproval notice given to \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affidavit to the Public

THE COUNTY OF GALVESTON  
STATE OF TEXAS

**CERTIFICATION OF OSSF REQUIRING MAINTENANCE**

According to Texas Natural Resource Conservation Commission Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of GALVESTON County, Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Natural Resource Conservation Commission (TNRCC) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the TNRCC primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TNRCC, under authority of the TWC and the Texas Health and Safety Code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TNRCC requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TNRCC of the suitability of this OSSF, nor does it constitute any guarantee by the TNRCC that the appropriate OSSF was installed.

II.

An OSSF requiring a maintenance contract, according to 30 Texas Administration Code §285.91(12) will be installed on the property described as (Physical Address & Legal Description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The property is owned by:\_\_\_\_\_. This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to GALVESTON COUNTY HEALTH DISTRICT within 30 days after the property has been transferred.

The owner will, upon sale or transfer of the above described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the GALVESTON COUNTY HEALTH DISTRICT – (Mainland office) P.O. Box 939, La Marque, TX 77586 or (Island office) P.O. Box 838, Galveston, TX 77553.

WITNESS BY HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name : Owner(s)

\_\_\_\_\_  
Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

Notary Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_