



**CAMERON COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH PROGRAM**

**ON SITE SEWAGE FACILITY APPLICATION
CHECKLIST**

The following documents are required to process a conventional on-site sewage facility system application.

1. Soil Report	Details required for document.	Installer	Inspector
	1. Date soil Survey Performed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Subdivision Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Block #	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Site Location	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. County (Cameron)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Proposed Excavation Depth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Name of Site Evaluator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9. Registration Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10. Must show Results of 2 soil Borings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	11. Signature of Site Evaluator and Date Performed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Installer Name: _____

Installer License Number: _____

Installer Signature: _____

Site Evaluator: _____

Site Evaluator License Number: _____

Site Evaluator Signature: _____

Health Inspector Approval Signature: _____



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2. Site Evaluation	Details required for document.	Installer	Inspector
	1. Applicant Information (Name, Address, City, State, Zip Code, & Phone Number)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Site Evaluator Information (Name, Company, Address, City, State, Zip Code & Phone Number)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Property Location (Lot, Block, Subdivision, Street/Road Address, County, City, & Zip Code)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Installer Information (Name, Company, Address, City, State, Zip Code, & Phone Number)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Compass North, Adjacent Street, property lines.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Required separation distances for OSSF system.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Property dimensions, foundations, location of buildings, easements, swimming pools, waterlines, and other surface improvements where known (drainage, patios, sidewalks, and driveways)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Measurements of water meter or proposed water meter location.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Na	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9. Dimensions and measurements of public water wells, public water supply lines, wells and underground cisterns, private water lines, wells completed in accordance with 16 TAC.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10. Location of existing or proposed water wells within 150 feet of property (must show diameter).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Na	<input type="checkbox"/> Yes <input type="checkbox"/> No
	11. Indicate slope or provide contour lines from the structure to the furthest location of the proposed soil absorption or irrigation area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	12. Location of soil borings or dug pits inside the proposed OSSF easement (show location with measurements from property lines)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	13. Location of natural constructed or proposed drain ways. Streams, ponds, lakes, rivers, and creeks (Measure from normal pool, elevation, and water level); Salt water bodies (high tide only) retentions ponds/basin (spillway elevation); impoundment areas, cut or fill bank, sharp slopes and breaks.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Na	<input type="checkbox"/> Yes <input type="checkbox"/> No
	14. Location and measurements of underground easements and overhead easements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	15. Slopes where seeps and detention ponds may occur.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Na	<input type="checkbox"/> Yes <input type="checkbox"/> No
	16. Yes or No (Presence of 100 year flood zone)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	17. Yes or No (Presence of adjacent ponds, streams, water impoundments)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	18. Yes or No (Existing or Proposed water well in the nearby area)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	19. Yes or No (Organized sewage service available to lot or tract)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	20. Site Evaluator Name, Signature and License Number	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Installer Name: _____
 Installer Signature: _____

Installer License Number: _____

Site Evaluator: _____
 Site Evaluator Signature: _____

Site Evaluator License Number: _____

Health Inspector Approval Signature: _____



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3. The Design	Details required for document.	Installer	Inspector
	1. Property owners Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Subdivision Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Block #	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Proposed Bedrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Living SQ FT.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Must be to scale	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Number of tanks and size of tanks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9. Drain Field Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10. Type of pipe being used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	11. Required separation distances for OSSF system.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	12. Location of existing or proposed water wells within 150 feet of property (must show diameter).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	13. Numbers of GPD (Gallons per Day) and break down of the numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	14. Size of trench and show a typical design of the drain field being installed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Installer Name: _____

Installer License Number: _____

Installer Signature: _____

Site Evaluator: _____

Site Evaluator License Number: _____

Site Evaluator Signature: _____

Health Inspector Approval Signature: _____



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4. Floor Plan	Details required for document.	Installer	Inspector
	1. Property owners signature and date signed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Number of bedrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Living area square footage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Warranty Deed	Details required for document.	Installer	Inspector
	1. Property owners Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Subdivision Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Block #	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Receipt	Details required for document.	Installer	Inspector
	1. Copy of Receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

****You will need the following documents to complete the application if there is a water well on the property or if property owner plans to install a water well.**

7. Water Well analysis	Details required for document.	Installer	Inspector
	1. Submitter Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Test Results (Showing Coliform not found and Escherichia Coli not found)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Water Well Construction Report	Details required for document.	Installer	Inspector
	1. Property Owners Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Subdivision Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Lot #	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Block #	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Address of Property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Installer Name: _____

Installer License Number: _____

Installer Signature: _____

Site Evaluator: _____

Site Evaluator License Number: _____

Site Evaluator Signature: _____

Health Inspector Approval Signature: _____