

## Septic Applications and Modifications Check Sheet

Name: \_\_\_\_\_

New Installation: \_\_\_\_\_

Address: \_\_\_\_\_

Modification: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

	Yes	No
• Completed Application	_____	_____
• Supplemental Information	_____	_____
On-Site Sewer Facility	_____	_____
• Technical Information For Permit	_____	_____
• OSSF Soil & Site Evaluation Page 1	_____	_____
• OSSF Soil & Site Evaluation Page 2	_____	_____
• Planning and Design Criteria (Written Description of System)	_____	_____
• Spray Application Calculations	_____	_____
• Scaled Drawing of System	_____	_____
• Aerobic Affidavit completed and Filed in Franklin County	_____	_____
• Initial Maintenance Agreement	_____	_____
• Warranty Deed	_____	_____
• Fee Paid	_____	_____

Receipt#: \_\_\_\_\_

Comments: \_\_\_\_\_

(Some Items may not be required for Modifications)

Any questions may be directed to

**OSSF Designated Representatives - Brantin Carr or Max Cannaday**

**Phone- (903)-537-4539**

**Email- [bcarr@co.franklin.tx.us](mailto:bcarr@co.franklin.tx.us) Email- [mcannaday@co.franklin.tx.us](mailto:mcannaday@co.franklin.tx.us)**