LLANO COUNTY - On Site Sewage Facilities

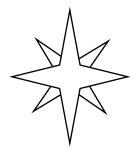
SITE EVALUATION FORM

Date:							
Property Owner:		Mailing Ado	dress:				
Property Address:							
Phone Number:					Alrea	 dy Exists #	
Site Evaluator Name:			Certification	#		_	
Installer Name:		Cert	ification #		Phone	Number:	
Legal Description of Propo	erty:						_
Subdivision:				Sec:	Lot:	Blk:	
Survey:							
Property Size:							
Existing Or Proposed Struct							
	Bathrooms		Square Foo				
Topography: (Check One))						
Slope:	Flat (under 2%)		Slight (unde	er 4%)		Severe (over 5%)	
Vegetation:	Grass/Brush		Lightly Wo	oded		Heavily Wooded	
Site Drainage:	Poor Ade	quate	Good		Other		
*Note: If slope is severe a T flat then a details plan must			ast be provided	with this for	m on the desig	gn. If the site drainage is poo	or or slope is
Flood Hazard: (Check On	e)						
Property is Located:	Outside 100 Y	ear Flood P	lain In	the 100 Ye	ar Flood Plain		
		In 100	0 Year Flood Pl	ain and Floc	dway		
*Note: Attach a FEMA Floo	od Insurance Rate Map (Fl	IRM) with p	roperty location	identification	on or current s	survey with Flood Plain Dete	ermination.
Water Supply: (Check On	e) Public		Community			Private	
Name of Water Supplier:							
*Note: If well is on-site, cor	mplete the following:						
Size of Well:	Depth of Well:	ft. Year	Drilled:		_ Driller:		
(Check All That Apply)	Sealing Block Preser	nt	Well House Pro	otecting Wel	1 W	Tell Log Is Available (Attach	if Available)
	Neighboring Wells V	Vithin 100 F	eet of Property	Line (must b	e included on	the design if checked)	
Signature of Licensed Site Evaluator/Installer						Date	
DR						 DR#	

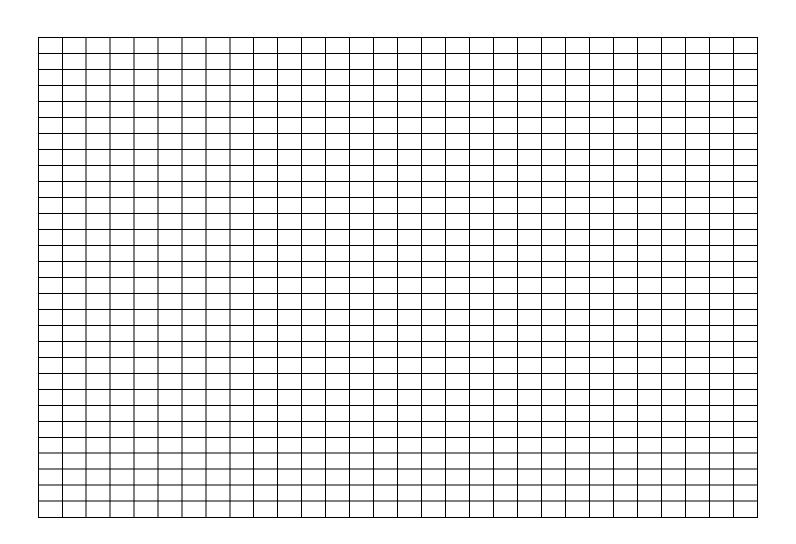
LLANO COUNTY

OSSF SOIL EVALUATION FORM

Property Own	ner:							
Property Add	lress:				-			
Site Evaluato	r:							
Date Perform	ned:		I	Proposed Excavation	Depth:			
eac • For disp	h soil evaluation on a subsurface disposal, sposal, the surface horize	separate table. Locations soil evaluations must be evaluated	ons of soil evaluations no performed to a depth.	nust be shown on the of at least 2ft. below	oosed disposal area. Please show the results of e site drawing. v the proposed excavation depth. For surface below. Draw lines at the appropriate depths.			
Depth	Textural	Structure	Drainage Mottles/	Restrictive	Comments			
(ft.)	Class	(If Applicable)	Water Table	Horizon				
0								
1								
2								
3								
4								
5								
6								
Depth	Textural	Structure	Drainage Mottles/	Restrictive	Comments			
(ft.)	Class	(If Applicable)	Water Table	Horizon				
0								
1								
2								
3								
4								
5								
6								
		l			1			
Signature of	f Licensed Site Eval	uator/Installer			Date			
DR					 DR#			



Completely shade the Point to indicate North.



- This system design and site plan must show all proposed existing structures, property lines, easements, existing on-site sewage facilities, water wells within 100 feet of property lines and nearest named road.
- If this system is required to be designed by a registered professional engineer or registered sanitarian, the proposed design must be signed and sealed. If desired, a separate signed and sealed design may be attached.

DR	DR#