



Lower Colorado River Authority

RE-INSPECTION PROCESS OF ON-SITE SEWAGE FACILITIES

LCRA will need the following information to consider the application package complete with the appropriate fee submitted. An on-site sewage facility re-inspection is required each time a property is sold or repaired. Retrofitting with low-flow devices in order to add a bedroom is also cause for system re-inspection. The inspection must be performed and the system must be approved prior to the new owner using the system.

Should the homeowner choose not to personally uncover the required system components, it is recommended that a licensed septic system installer perform the work.

Read and complete the information required below.

_____ Complete the form entitled Re-inspection Application (Form 1139).

_____ If the owner of record is not the current owner, then an OSSF Application for Continued Use (Form 1100) with owner's signature will be required in addition to the Request for Re-inspection. If the property is owned by a company, the person who signs the application must provide proof they can sign on behalf of the company.

_____ A floor plan of the residence showing all rooms, including closets, with the total amount of heated and or cooled square footage of the residence/ establishment is required each time an inspection is requested.

_____ A copy of the Multiple Listing Service (MLS) or letter from the owner verifying the number of bedrooms must be included.

_____ When the sale transaction closes, the new owner is required to submit a Form 1100 to obtain approval for continued system use. This form will be provided with the approval paperwork at the site for the new owner.



Re-inspection Application

Application No _____	Received by _____
Fee\$ _____	Check# _____
	Date _____

Type of Inspection Complete sections indicated.

Sale _____ **Re-finance** _____ **Retrofit** _____ **Repair** _____
(Section A) (Section A) (Section A & B) (Section A & C)

Owner Name _____

Mailing Address _____

Phone No. () _____ Name of nearest Lake _____

Subdivision _____ Section _____ Block _____ Lot No.(s) _____

Site of re-inspection _____, City _____

If not in a subdivision give full legal _____

Contact Person (Person making request) Name _____ Phone No. () _____

Section A Single-Family Number of bedrooms _____ Commercial (type of business) _____

Source(s) of Water Supply () Subdivision () Water District, name of provider _____
() Well () Cistern () Lake Pump, A contract with the LCRA must be obtained for any water obtained by a lake pump.

No. of people using plumbing daily _____ Gallons used per day _____

Any history of problems with system? No _____ Yes _____ Explain _____

Has the system been used for the last seven consecutive days? No _____ Yes _____

Section B In certain instances, LCRA allows a property owner to add one bedroom or potential bedroom over what the system is currently approved to accommodate provided the residence is retrofitted with low-flow toilets, showerheads and faucet aerators. **Contact the LCRA office for this determination.** The installation of these devices must be verified by LCRA personnel. The Water Agreement to Maintain Water Conserving Devices on the reverse side of this form must be completed and signed by the current property owner.

Section C Type of repair work to be performed to the system _____

You may proceed with your repair to the system. An inspection of the work performed must be done by LCRA prior to backfilling. All repair work to the system must be performed by the property owner or by a Texas Commission on Environmental Quality licensed installer. No repair work may be performed on a drainfield.

Property owner signature or owner's authorized agent

Date

FORM 1139



Lower Colorado River Authority

On-Site Sewage Facility Approval for Continued Use Application

This box for LCRA use only
APPLICATION NO _____ DATE _____ NEW OWNER _____ T-O-O _____ FEE \$ _____

This box is for LCRA use only
Date entered _____
Approved by _____
See LCRA Rules, Section 10.08 for automatic termination of permit to operate.

I hereby make application for approval for continued use of an OSSF in one of the Highland Lakes Zones as required by LCRA OSSF Rules.

ALL INFORMATION REQUESTED MUST BE COMPLETED

Owner's last name or Company name _____ First name _____ M.I. _____ Driver's License. No. and State* _____ Date of Birth _____
If owned by a company, a copy of corporate resolution must be submitted.

Owner's last name or Company name _____ First name _____ M.I. _____ Driver's License No. and State* _____ Date of Birth _____

Number & Street or Box _____ City _____ State & Zip _____

Home phone number _____ Business phone number _____ Cell number _____ Other _____

**LCRA will protect confidentiality of the driver's license number to the extent allowed by law, including the exceptions to disclosure provided in the Texas Public Information Act.*

Location of Property _____
Name of nearest Lake _____ County _____

Name of Subdivision _____ Section No. _____ Block No. _____ Lot No. _____

If not located in a subdivision provide full legal _____

Site address of property _____, City _____

Type of residence (check one) () Single-family () Multi-family
or () Commercial (Describe _____) Gallons used per day _____

Source(s) of Water Supply () Subdivision () Water District, name of provider _____
() Well () Cistern () Lake Pump, A contract with the LCRA must be obtained for any water obtained by a lake pump.

The heated/cooled living area of the residence is _____ square feet.

State the TOTAL number of items below and leave blank for none. Note (Number of bedrooms to include heated and/or cooled rooms having adequate space, privacy and a closet).

- 1. Bedrooms _____
- 2. Bathrooms _____
- 3. Kitchens _____
- 4. Living Rooms _____
- 5. Rec. Rooms/ Dens _____
- 6. Offices/ Studies _____

Authorization is hereby given to the LCRA, Texas Commission on Environmental Quality (TCEQ), and to their agents or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of inspecting on-site sewage facilities, or for any reason consistent with the water quality program of the TCEQ or the LCRA.

Property Owner Signature _____ Date _____

FORM 1100

Floor Plan
(Must be submitted with application)

Show outside house dimensions, heated square footage, each room's use, and all closets. Resubmittal is required if changes are made to house size or room configuration.

Date

Signature