



MILAM COUNTY HEALTH DEPARTMENT

209 South Houston
Cameron, Texas 76520

PHONE: (254) 697-7039 FAX: (254) 697-4809

Website: www.milamhealth.com



AN ON-SITE SEWAGE FACILITY

EFFECTIVE: 4/13/2018

PERMIT #: 2018-12

Owner: Troy Scott Nash

Installer: Stephen Lehnert OS0008437

Location: 6190 N. Hwy 77, Cameron, TX

The above site meets or exceeds the basic requirements established by TCEQ and the Milam County Health Department.

LICENSE TO OPERATE this facility is hereby granted to the owner. This license simply grants permission to operate the facility. It does not guarantee its successful operation. Routine maintenance and proper functioning are the sole responsibility of the owner. **KEEP THIS LICENSE** with important papers. You may need it when selling your house or if a malfunction occurs.

This license remains in effect until such time as there is evidence that this facility is not operating properly and may constitute a threat to the health of the people of Milam County.

Comments pertaining to this permit: Pipe & Gravel 180 GPD

Sam I. Thomas, OS27485

Printed Name of Agency Official

OS27485

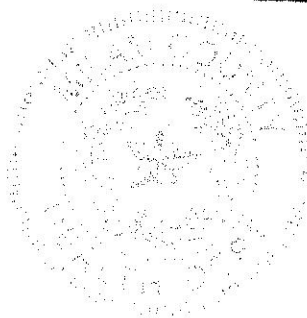
Signature of Agency Official

Designated Representative

Agency Official's Title

4/13/2018

Date



MILAM COUNTY HEALTH DEPARTMENT

209 S. HOUSTON CAMERON, TX 76520

PHONE: 254-697-7839 FAX: 254-697-4809

FIELD INSPECTION REPORT FOR ON-SITE SEWAGE FACILITIES

INSPECTION: ☐ 1 ☐ 2 ☐ 3 RE-INSPECTION FEE DUE BEFORE NEXT INSPECTION: ☐ FINAL INSPECTION: ☐ YES ☐ NO

DATE: _____

PERMITTEE NAME: _____

PROPERTY ADDRESS: _____ PERMIT #: _____

OSSF TYPE: _____ GATE CODE: _____

INSTALLER: _____

INSPECTOR: _____ OS #: _____ APPRENTICE #: _____

SYSTEM SERIAL #: _____

GPS LATITUDE: N _____ COMPRESSION ID: _____ SERIAL #: _____

AEROBIC MANUFACTURER: _____ GPS LONGITUDE: W _____

ITEMS EVALUATED		TYPE	PASS	FAIL	ITEMS EVALUATED		TYPE	PASS	FAIL
1. OPEN EXCAVATION					3. SEPTIC TANK/PUMP TANK				
A. PERMIT IN POSSESSION		ALL			A. SEWER PIPE/CLEANOUT/TEES		ALL		
B. SETBACKS MET		ALL			B. MANUFACTURER/SEALED		ALL		
C. FIELD/SPRINKLER LOCATION		ALL			C. LEAK TEST/INLET-OUTLET/SEALED		ALL		
D. PROPER SIZE/DEPTH/LEVEL/RADIUS		ALL			D. TANK PAD/LEVEL/LOCATION		ALL		
E. GRAVEL/BACKFILL		ALL			E. HOUSE SEWER FALL _____ INCHES @ _____ FT		ALL		
F. PIPE & HOLE SPACING (LPD)		ALL			F. PUMP AND ALARM		ALL		
G. SPRAY HEADS/NOZZLE		ALL			A. PUMP PERFORMANCE		ALL		
H. DRIP TUBING		ALL			B. BREAKERS/TIMER		ALL		
					C. CHECK VALVE/ANTI-SIPHON HOLE		ALL		
					D. RISER ASSEMBLY		ALL		
2. GRAVEL AND PIPE					E. PUMP ALARM		ALL		
A. GRAVEL		ALL			F. COMPRESSOR ALARM		ALL		
B. DISTRIBUTION PIPE		ALL			G. CHLORINATOR/SAMPLE PORT/MESH FILTER		ALL		
C. FALL FROM TANK TO FIELD		ALL			H. MAINTENANCE TAG		ALL		
D. FILTER FABRIC/BACKFILL		ALL			5. FINAL/LANDSCAPE				
E. DAMS		ALL			A. MOUNDED/PACKED		ALL		
F. HEAD PRESSURE		ALL			B. BERMS		ALL		
G. LINER		ALL			C. VEGETATION		ALL		
H. LEACHING CHAMBERS		ALL			D. SOIL ADDED TO SPRAY AREA		ALL		

COMMENTS: _____

RECEIVED BY: _____ PRINT NAME: _____

ITEMS NOT CHECKED DO NOT APPLY TO THIS INSPECTION
 ALL RE-INSPECTION FEES MUST BE PAID PRIOR TO NEXT INSPECTION
 WHEN PAYING RE-INSPECTION FEES, BRING THIS FORM
 THIS FORM IS NOT A LICENSE TO OPERATE AN ON-SITE SEWAGE FACILITY