

2643 N. Wirtz Dam Road, Marble Falls, TX 78654 800-776-5272, Ext. 3216 Fax 830-693-6242

CONTINUED USE AUTHORIZATION (REINSPECTION) PROCESS

LCRA requires an on-site sewage facility (OSSF) inspection each time a property is sold before the new owner receives a Continued Use Authorization. An inspection is also required for a system that is repaired and for homes being retrofitted with low-flow devices to add a bedroom. LCRA must perform the inspection and approve the OSSF before the new owner uses it.

If the homeowner chooses not to personally uncover the required OSSF components, LCRA recommends that a licensed septic system installer perform the work.

Read and complete the following required information:
Complete Continued Use Authorization Application (Form 1139)
If the owner of record is not the current owner, then LCRA requires an OSSF Application for Continued Use (Form 1100) with the owner's signature in addition to the Request for Reinspection. If the property is owned by a company, the person who signs the application must provide proof he or she can sign on behalf of the company.
Provide 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.
Provide a copy of the Multiple Listing Service (MLS) or letter from the owner verifying the number of bedrooms.
O&M Contract and maintenance inspections for aerobic treatment systems.
\$150.00 fee.
Please Note: When a sale transaction closes, the new owner must submit a Form 1100 and O&M Contract (if required) for approval to continue using the OSSF. This form will

be provided by LCRA along with approval paperwork if the OSSF passes the inspection.

P.O. Box 220 L-110, Austin, TX 78767 512-578-3216 or 800-776-5272, Ext. 3216 Fax 512-578-3501



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On-Site Sewage Facility (OSSF) Approval for Continued Use Application

This box for LCRA use only			F	ORM 1100
APPLICATION NO.	DATE	NEW OWNER	T-O-O	FEE \$
This box for LCRA use	only			
Date entered:				
Entered by:				
L ereby make application for appro		-		required by LCRA OSSF Ru
	ALL INFORMATION	ON MUST BE PR	OVIDED	
wner's last name or company owned by a company, provide of			Additional own	ner's name
ailing address, number and st	reet or box	City	St	ate and ZIP code
ome phone number E	Business phone number	Cell number	Em	ail address
roperty location:Near	rest lake	County		Tax ID#
within the city limits, cir		•		
ubdivision:		Section No	Block No	Lot No
property is not located in a su	bdivision, provide full lega	l description:		
roperty site address:ype of residence, check one:) Commercial, Describe:	() Single-family () Mu	lti-family		
ource(s) of water supply, chec) Well () Cistern () La	k all that apply: () Subdi ake pump (LCRA requires a			
ne heated/cooled living area o	f the residence is	square	feet.	
ate the TOTAL number of ite eated and/or cooled rooms wit			umber of bedro	oms includes
Bedrooms:	2. Bathrooms:		3. Kitchens:	
Bedrooms:Living Rooms:	5. Recreation Roc	oms/Dens:	6. Offices/Stud	ies:
athorization is hereby given to LO agularly or jointly, to enter upon cilities, or for any reason consistent.	the above described property of	during daylight hours for	the purpose of ir	
roperty Owner's Signature		Date		

Fax 512-578-3501



Reinspection Application

	Application No.	Rece	eived By:		
	Fee: \$ Che	ck No.	Date:		
	O&M Required:	_yesno			
Type of Inspecti	on (complete sections indic	cated).			
Sale (Section A)	Refinance(Section A)		Retrofit(Section A & B)	Repair(Section A & C)	
Owner Name: _					
Mailing Address	:				
Phone No. ()		Nearest Lake	o:	-
Subdivision:		Section:	Block:	Lot No.(s):_	
Reinspection p	roperty address:			City:	
If not in a subd	ivision, give full legal de	escription:			
Contact person	making request:		Ph	none No. ()	
Section A	Single-family number of	bedrooms:	Commercial (type of	business):	
	of water supply: () Subd Cistern () Lake pump (
Number of peop	le using plumbing daily:		Gallons used per day:	:	
Any history of p	roblems with the system?	No: Ye	es If yes, explain	1:	
Has the system	peen used for the last seve	n consecutive da	ys? No Yes _		
and faucet aerate	In certain instances, LCR rently approved to accommors. Contact the LCRA of rent property owner must confit this form.	nodate, provided tice for this deter	the residence is retrofitte rmination. LCRA person	d with low-flow toilets nnel must verify the ins	s, showerheads stallation of these
property owner o	Type of repair work to be ed with your repair to the or a Texas Commission on r work may be performed or	system. LCRA 1 Environmental Q	nust inspect the work pe uality licensed installer r	nust perform all repair	work to the
Property owner's	s signature or owner's auth	orized agent	 Date	2	_

Floor Plan

(Must be submitted with application)
Show outside house dimensions, heated square footage, each room's use, all closets and all interior walls A resubmittal is required if changes are made to the house size or room configuration.

Signature

Date

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DATE:	
TO:	LCRA
FROM:	
PROPERTY	Y LOCATION:
LCRA's on	a-site sewage facilities (OSSF) rules define a bedroom or potential bedroom as:
cool slee	oom which serves, or could serve, for overnight sleeping, and which is heated and/or led and has adequate size, privacy, and a closet. A room which serves for overnight eping and/or which contains a bed shall be considered a bedroom, regardless of the sence or absence of a closet.
residence w	ty at the above referenced location has been advertised as a bedroom vith square feet of living area in accordance with the definition of a bedroom in the LCRA OSSF rules
Property O	wner Printed Name
Property O	wner Signature