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

<table>
<thead>
<tr>
<th>This box for LCRA use only</th>
<th>FORM 1100</th>
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<tbody>
<tr>
<td>APPLICATION NO. __________</td>
<td>DATE_________</td>
</tr>
</tbody>
</table>

This box for LCRA use only

Date entered: ___________

Entered by: ____________________

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 MUST BE PROVIDED**

<table>
<thead>
<tr>
<th>Owner’s last name or company name</th>
<th>First name</th>
<th>MI</th>
<th>Additional owner’s name</th>
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*If owned by a company, provide a copy of a corporate resolution that names the officers.*

<table>
<thead>
<tr>
<th>Mailing address, number and street or box</th>
<th>City</th>
<th>State and ZIP code</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Home phone number</th>
<th>Business phone number</th>
<th>Cell number</th>
<th>Email address</th>
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<table>
<thead>
<tr>
<th>Property location:</th>
<th>Nearest lake</th>
<th>County</th>
<th>Tax ID #</th>
</tr>
</thead>
<tbody>
<tr>
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*If within the city limits, circle one:* Jonestown   Lakeway   Volente   Lago Vista   Briarcliff   Granite Shoals

Subdivision: ___________________________ Section No. _____ Block No. _____ Lot No. _____

If property is not located in a subdivision, provide full legal description: ___________________________

<table>
<thead>
<tr>
<th>Property site address:</th>
<th>City: ____________________</th>
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<tbody>
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</table>

Type of residence, check one: ( ) Single-family  ( ) Multi-family

( ) Commercial, Describe: ___________________________ Gallons used per day: _______

Source(s) of water supply, check all that apply: ( ) Subdivision   ( ) Water district, name of provider:

( ) Well   ( ) Cistern   ( ) Lake pump (LCRA requires a contract for the use of water from the Highland Lakes)

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

State the TOTAL number of items below and write zero (0) for none. Note the number of bedrooms includes heated and/or cooled rooms with adequate space, privacy and a closet.


Authorization is hereby given to LCRA, the 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 programs of TCEQ or LCRA.

<table>
<thead>
<tr>
<th>Property Owner’s Signature</th>
<th>Date</th>
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<tbody>
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</table>
Reinspection Application

Application No. _______________Received By:_____________________
Fee: $_______ Check No. _________ Date: ______________________
O&M Required: ___ yes ___ no

Type of Inspection (complete sections indicated).

<table>
<thead>
<tr>
<th>Sale ______</th>
<th>Refinance ______</th>
<th>Retrofit ______ &amp; B</th>
<th>Repair ______ &amp; C</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Section A)</td>
<td>(Section A)</td>
<td>(Section A &amp; B)</td>
<td>(Section A &amp; C)</td>
</tr>
</tbody>
</table>

Owner Name: __________________________________________________________

Mailing Address: _______________________________________________________

Phone No. ( ) ___________________________ Nearest Lake: _________________

Subdivision: ________________________ Section: _______________ Block: _______
Lot No.(s): _______________

Reinspection property address: _______________________________ City: ___________

If not in a subdivision, give full legal description: __________________________

Contact person making request: _______________________________ Phone No. ( ) _______

Section A

Single-family number of bedrooms: ______ Commercial (type of business): ___________

Check source(s) of water supply: ( ) Subdivision ( ) Water district, name of provider: ___________
( ) Well ( ) Cistern ( ) Lake pump (LCRA requires a contract for the use of water from the Highland Lakes)

Number of people using plumbing daily: _______________ Gallons used per day: ___________

Any history of problems with the system?   No: ______ Yes ______ If 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. LCRA personnel must verify the installation of these devices. The current property owner must complete and sign the Water Agreement to Maintain Water-Conserving Devices on the reverse side of this form.

Section C

Type of repair work to be performed to the system: __________________________

You may proceed with your repair to the system. LCRA must inspect the work performed prior to backfilling. The property owner or a Texas Commission on Environmental Quality licensed installer must perform all repair work to the system. No repair work may be performed on a drainfield except for repairing damaged drip irrigation tubing and repairing solid lines.

Property owner’s signature or owner’s authorized agent __________________________

Date _________________

Last Updated 6/2014
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

Last Updated 6/2014
LCRA’s on-site sewage facilities (OSSF) rules define a bedroom or potential bedroom as:

A room which serves, or could serve, for overnight sleeping, and which is heated and/or cooled and has adequate size, privacy, and a closet. A room which serves for overnight sleeping and/or which contains a bed shall be considered a bedroom, regardless of the presence or absence of a closet.

The property at the above referenced location has been advertised as a _______ bedroom residence with _________________________ square feet of heated/cooled living area in accordance with the definition of a bedroom in the LCRA OSSF rules.

________________________________________
Property Owner Printed Name

________________________________________
Property Owner Signature