

Necessary, Inc.

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On-Site Sewage Facility Request for Evaluation/Letter of Certification

OWNER'S NAME: _____

SITE ADDRESS: _____

LEGAL: _____

(lot)

(block)

(subdivision)

(section)

NO. OF BEDROOMS: _____ HEATED & COOLED AREA: _____ sq. ft.

YEAR HOUSE BUILT: _____ BUILDER, if known: _____

REAL ESTATE AGENT: _____

Is the house occupied now? _____ If not, how long vacant? _____

Number of occupants (currently): _____ (anticipated): _____

Has septic tank been pumped within the past five (5) years? _____ Date: _____

What was the reason for pumping the septic tank? _____

Have you ever experienced any operational problems with the facility? _____

If the answer is yes, explain the nature of the problem: _____

Has the facility ever overflowed? _____

Ever noticed odors associated with the facility? _____

Sewage ever backed up in house? _____

Has a substantial amount of soil (more than six inches) been added over the septic tank or disposal field(s)? _____

Have any structures or sidewalks been built over the tank or disposal field(s)? _____

Is there a sprinkler system on this lot? _____

The laundry wastewater runs ___ to the septic tank OR ___ to the yard (CHECK ONE)

Has the sewage facility been modified, added to or repaired at any time? _____ If so, please explain:

I certify that the statements made above are accurate to the best of my knowledge.

(Signature of owner or representative)

(date)