## Brazos County Health District 201 North Texas Avenue Bryan, Texas 77803 979-361-4450

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## **Transfer of Ownership for On-Site Sewage Facilities (OSSF's)**

Name of Person of Business Making Request:	of Business Making Request: Phone:			
Name of Previous Owner:	Phone:			
Name of New Owner:	Phone:			
Site Address:	City/Zip:			
Mailing Address:	City/Zip:			
Information about Property:				
Subdivision Name (if applicable):	Lot:	Block:	Phase:	
Survey Name:	Track:	Abstract:	Acres:	
Directions to Property:				
Information about the On-Site Sewage Facility (septic system):				
Was this OSSF Installed before September	r 23, 1975?	Year of Installation	n:	
Number of Bedrooms: Is the St	tructure Occupied? Number of Occupants:			
Is there a water well on the property?	Is the house co	nnected to public w	/ater?	
Important: The Certification Letter will be sent to the current owner of the property at the address listed above. If you wish to send a copy of the Certification Letter to a bank or title company, please list that information below. Information may also be picked up at the Health Department for your convenience.				
Name of Title Company:				
Address:	City:	State:	Zip:	
Fax Number (*):	Send Attention to:			
Closing Date:	Today's Date:			
Special Instructions for Entering the Property:				
Signature of Owner or Owner's Agent:		Date:		