

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

PERMIT NUMBER

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

Name of Person 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 23, 1975? _____ Year of Installation: _____

Number of Bedrooms: _____ Is the Structure Occupied? _____ Number of Occupants: _____

Is there a water well on the property? _____ Is the house connected to public water? _____

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: _____