



Medina County Environmental Health  
Floodplain Administrator

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“Protecting Medina County’s Air and Water Resources through Reducing and Preventing Pollution.”

**Septic System Data and Inspection Form**

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_

Property Type:  Single Family  Commercial How many dwellings on property: \_\_\_\_\_

How many septic tanks on property: \_\_\_\_\_ How many electric meters on property: \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Square footage: \_\_\_\_\_ Deed/ Tax ID Card  Septic Drawing Included

Electrical Provider: \_\_\_\_\_ ESID# or CPS Rep Email: \_\_\_\_\_

Well or  Public Water Water Provider Name: \_\_\_\_\_

Is system adequate for service of this home? If no, explain: \_\_\_\_\_

System Details: Installation Date \_\_\_\_\_ # of Tanks \_\_\_\_\_ Compartments: \_\_\_\_\_ Size: \_\_\_\_\_ gallons

Conventional  GP  LC  P&G  Aerobic Number of Sprinkler Heads: \_\_\_\_\_

Type of Tank:  Concrete  Steel  HDPE  Fiber Glass Other: \_\_\_\_\_

Was there evidence of overflow:  NONE  RePermitting  Effluent Surfacing  Cesspool  Odor

Marshy Area  Depression  Other: \_\_\_\_\_

GPS Coordinates: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

Service Provider/ Installer/ Inspector : \_\_\_\_\_ Phone#: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

\_\_\_\_\_  
Inspector of Septic Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medina County Authority

\_\_\_\_\_  
Date of Receipt