



Reinspection Application

Application No. _____	Received By: _____	
Fee: \$ _____	Check No. _____	Date: _____
O&M Required: <input type="checkbox"/> yes <input type="checkbox"/> no		

Type of Inspection (complete sections indicated).

Sale _____ **Refinance** _____ **Retrofit** _____ **Repair** _____
(Section A) (Section A) (Section A & B) (Section A & C)

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

FORM 1139

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