

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

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

Name of Person of Business Making Request: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Present Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Name of Buyer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

**Information about Property to be Inspected:**

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: \_\_\_\_\_