## Brazos County Health District 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 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 Septembe	r 23, 1975?	Year of Installation	:
Number of Bedrooms: Is the St	tructure 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:	