



**APPLICATION FOR AUTHORIZATION TO CONSTRUCT AN ON-SITE SEWAGE FACILITY  
AND LICENSE TO OPERATE**

DATE: \_\_\_\_\_ PERMIT#: \_\_\_\_\_  
PROPERTY OWNER NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:**

SUBDIVISION NAME: \_\_\_\_\_  
UNIT: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ ACREAGE: \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROPERTY MUST BE MARKED ON-SITE WITH THE STREET ADDRESS. A SITE MAP TO THE PROPERTY MUST BE ATTACHED WITH THIS APPLICATION ALONG WITH PROOF OF OWNERSHIP.

PROOF OF OWNERSHIP ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

IS PROPERTY LOCATED OVER THE 100 YEAR FLOOD PLAIN? YES \_\_\_\_\_ NO \_\_\_\_\_

IS PROPERTY LOCATED OVER THE EDWARDS RECHARGE ZONE? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, SITE EVALUATION AND PLANNING MATERIALS MUST BE COMPLETED BY A REGISTERED SANITARIAN OR PROFESSIONAL ENGINEER.

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TYPE OF DEVELOPMENT: \_\_\_\_\_ SINGLE FAMILY RESIDENCE \_\_\_\_\_ COMMERCIAL  
TOTAL SQ. FT. OF DWELLING: \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_  
TYPE OF BUSINESS/INSTITUTION: \_\_\_\_\_  
NUMBER OF OCCUPANTS: \_\_\_\_\_ GALLONS PER DAY: \_\_\_\_\_

SITES GENERATING MORE THAN 5000 GALLONS PER DAY ARE REQUIRED TO OBTAIN PERMITTING THROUGH THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY.

WATER SOURCE: PUBLIC: PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_

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SITE EVALUATOR: \_\_\_\_\_ DESIGNER: \_\_\_\_\_ (PE or RS)  
SYSTEM DESCRIPTION: \_\_\_\_\_

SIZE OF SEPTIC SYSTEM REQUIRED BASED ON PLANNING MATERIALS AND SITE EVALUATION:  
TANK SIZE(S): \_\_\_\_\_ GALLONS ABSORPTION/APPLICATION AREA: \_\_\_\_\_ SQ. FT.  
TANK MANUFACTURER: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_  
ARE WATER SAVING DEVICES BEING UTILIZED WITHIN THE RESIDENCE? YES \_\_\_\_\_ NO \_\_\_\_\_

INSTALLERS NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
INSTALLERS ADDRESS: \_\_\_\_\_  
INSTALLERS EMAIL: \_\_\_\_\_  
INSTALLERS LICENSE ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_  
SOIL EVALUATION ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

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*I CERTIFY THAT THE COMPLETED APPLICATION AND ADDITIONAL INFORMATION SUBMITTED DOES NOT CONTAIN ANY FALSE INFORMATION AND DOES NOT CONCEAL ANY MATERIAL FACTS. AUTHORIZATION IS HEREBY GIVEN TO THE PERMITTING AUTHORITY AND DESIGNATED AGENTS TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF SITE/SOIL EVALUATION AND INSPECTION OF PRIVATE SEWAGE FACILITIES.*

SIGNATURE OF OWNER \_\_\_\_\_

IF SIGNED BY AGENT GIVE ADDRESS AND PHONE NUMBER \_\_\_\_\_

**ONE CITY, ONE TEAM**