



Texas Commission on Environmental Quality
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION

TCEQ USE ONLY
APPLICATION NO.
DATE
AMOUNT

TCEQ REGION NUMBER
COUNTY OF INSTALLATION

- 1. PROPERTY OWNER'S NAME: (Last) (First) (Middle)
2. CURRENT MAILING ADDRESS:
3. DAYTIME TELEPHONE NO.: ()
4. 911 SITE ADDRESS:
5. LEGAL DESCRIPTION: Sec. Block Lot Plat Date
SUBDIVISION:
OTHER THAN SUBDIVISION: Acreage: Survey Name:
Abstract Name/No.:
6. PHYSICAL LOCATION/ DIRECTIONS TO SITE:
7. SOURCE OF WATER: Private Well Public Water Supply (Name of Supplier)
8. SINGLE FAMILY RESIDENCE: No. of Bedrooms Living Area (ft^2)
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE:
NO. OF EMPLOYEES/OCCUPANTS/UNITS: DAYS OCCUPIED PER WEEK:
10. SITE EVALUATOR: LICENSE NO.
PHONE NO.:
11. DESIGNER: LICENSE NO. (PE or RS)
PHONE NO.:
12. INSTALLER: LICENSE NO.
PHONE NO.:

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512/239-0914. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

(SIGNATURE OF OWNER) (DATE)

Texas Commission on Environmental Quality

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

APPLICATION # _____

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

OWNER'S NAME: _____ COUNTY: _____

Professional design required?: [] Yes [] No If yes, professional design attached: [] Yes [] No

I. SEWER (House drain):

TYPE AND SIZE OF PIPE: _____ SLOPE OF SEWER PIPE TO TANK: _____

II. DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)

WATER SAVING DEVICES: [] Yes [] No

III. TREATMENT UNIT: [] Septic Tank [] Aerobic Unit

- A. TANK DIMENSIONS: _____ LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): _____
SIZE REQUIRED: _____ SIZE PROPOSED: _____
MANUFACTURER : _____ MATERIAL/MODEL #: _____
PRETREATMENT TANK : [] Yes [] No [] NA SIZE : _____ (gal) [] No [] NA

B. OTHER: _____
(Please attach description)

IV. DISPOSAL SYSTEM: TYPE: _____

- AREA REQUIRED: _____ AREA PROPOSED : _____

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

- A. SOIL/SITE EVALUATION
B. PLANNING MATERIALS

The attached checklist details those items that must be addressed under each of these categories.

DESIGNER'S SIGNATURE LICENSE NO. DATE