Texas Commission on Environmental Quality

APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION

TCEQ USE ONLY
_____ APPLICATION NO.
_____ DATE RECEIVED
_____ AMOUNT

_____
TCEQ REGION NUMBER

_____
COUNTY OF INSTALLATION

1. PROPERTY OWNER'S NAME:_____
   (Last) (First) (Middle)
2. CURRENT MAILING ADDRESS:_____
3. HOME PHONE NO.: (____)_____ OTHER or FAX NO.: (____)_____
4. 911 SITE ADDRESS:_____
5. PROPERTY LEGAL DESCRIPTION: _____

   Acreage:_____ Plat Date:_____ Subdivision name (if applicable):_____

   PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION
6. 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 (other than single-family residence) TYPE:_____

   BUSINESS / INSTITUTION NAME:_____

   RESPONSIBLE OFFICIAL:_____ NO. OF EMPLOYEES/UNITS:_____
10. SITE EVALUATOR:_____ LICENSE NO. _____

    PHONE NO.: (_____)_____ OTHER or FAX NO.: (_____)_____

    MAILING ADDRESS:_____ CITY: STATE: ZIP:
11. INSTALLER: _____ LICENSE NO.:_____

    PHONE NO.: (_____)_____ OTHER or FAX NO.: (_____)_____

    MAILING ADDRESS:_____ CITY: STATE: ZIP:

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.

SIGNATURE OF OWNER: _____ **DATE**: _____

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

Texas Commission on Environmental Quality

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED?: ☐ Yes ☐ No If yes, professional design attached: ☐ Yes ☐ No

Designer Name:_____ License Type and No. _____

Phone No. (____)_____ Other or Fax No. (____)_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank:_____

Treatment tank to disposal system:_____

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

Water Saving Devices: ☐ Yes ☐ No

III. TREATMENT UNIT(S): ☐ Septic Tank ☐ Aerobic Unit

A. • Tank Dimensions:_____ • Liquid Depth (bottom of tank to outlet): _____

- Size Proposed: _____(gal) • Manufacturer :_____
- Material/Model #:_____
- Pretreatment Tank : ☐ Yes SIZE :_____(gal) ☐ No ☐ NA
- Pump/Lift Tank : ☐ Yes SIZE :_____(gal) ☐ No ☐ NA

B. OTHER ☐ Yes ☐ No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type:_____

Manufacturer and Model: _____

Area Proposed :_____ square feet

V. ADDITIONAL INFORMATION:

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

A. Soil/Site evaluation **B**. Planning materials (If Applicable)

DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

SIGNATURE OF INSTALLER OR DESIGNER:_____ DATE:_____

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 512/239-3799. 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.

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