Texas Commission on Environmental Quality

APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION

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 (ft²): __________

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.

TCEQ-0235 (rev 09/01/2011) Page 1 of 2
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.

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.

TCEQ-0235 (rev 09/01/2011)