



ON-SITE SEWERAGE FACILITY APPLICATION

10555 Northwest Freeway - Suite 120 - Houston, TX 77092 Main Phone: 713-274-3900 Monday-Friday 7:30am - 4:00pm

Facsimiles NOT Accepted

COMPLETE ALL FIELDS AS REQUIRED

The undersigned property owner hereby makes application for a permit to construct an on-site sewerage facility in the unincorporated area of Harris County, Texas as required by REVISED RULES OF HARRIS COUNTY, TEXAS FOR ON-SITE SEWERAGE FACILITIES.

P R O J E C T I N F O	CONSTRUCTION SITE ADDRESS:					<input type="checkbox"/> COMMERCIAL	
	City, St.:			Zip:			<input type="checkbox"/> RESIDENTIAL
	HCAD#				HC PROJECT#		
	Subdivision			Section	Block	Lot	Reserve
Survey Name			Abstract #	Tract #			
Water Supply:							
<input type="checkbox"/> PUBLIC	Name of System		<input type="checkbox"/> COMMUNITY	<input type="checkbox"/> INDIVIDUAL (Existing)	<input type="checkbox"/> INDIVIDUAL (Proposed)		

Fill Out if you know

A P P L I C A N T	**Contact person for project/permit notifications and emails**					
	Name:				E-Mail:	
O W N E R	Address:			City, St.:	Zip	
	Phone:	Ext		Phone:	Ext	
	Name:				E-Mail:	
	Address:			City, St.:	Zip	
	Phone:	Ext		Phone:	Ext	

Fill Out (Optional)

Engineer

ENGINEER / SANITARIAN INFORMATION						
Engineering Plans and specifications in support of this application submitted by:						
Name:				License #		
Address:			City, St.:	Zip		
Phone:	Ext		E-Mail:			

- APPLICANT MUST SUBMIT THE FOLLOWING**
- | | |
|---|--|
| 1 Metes & Bounds description (survey), if not in a recorded subdivision | 4 Recorded Affidavit - <i>Provide copy of recorded affidavit filed at Harris County Clerk's Office</i> |
| 2 Site Evaluation (1 Original) | 5 Acknowledgement of Testing Requirements |
| 3 Plan of Site & Disposal System (3 Sets - 1 Original & 2 Copies) | 6 Flood Insurance Rate Map with site accurately located |

Must Print Sign, & Date

AUTHORIZATION is hereby given to Harris County, Texas, the Texas Commission on Environmental Quality, the Texas State Department of Health and to their agents, or designees, singularly or jointly, to enter upon the above described property during daylight hours for the purpose of inspecting the on-site sewerage facilities, or for any reason consistent with the water quality program of the Texas Commission on Environmental Quality and the Texas Department of Health. I also acknowledge that INSPECTION OF THE SEWERAGE SYSTEM IS REQUIRED PRIOR TO ALL COMPONENTS BEING COVERED. TO REQUEST INSPECTION, A TWENTY-FOUR (24) HOUR NOTICE MUST BE GIVEN TO THE ENGINEERING DEPARTMENT AT (713) 274-3800.

The undersigned has carefully reviewed this application and the answers to all questions. To the best of my knowledge, the answers are all true and correct.

PRINT NAME ABOVE (OWNER)	SIGNATURE (OWNER)	DATE
FOR COUNTY USE ONLY		
MINIMUM TANK SIZE (GALLONS):	MINIMUM ABSORPTION AREA:	MAXIMUM GPD:
TYPE OF SYSTEM PROPOSED:	SQUARE FOOTAGE OF BUILDING:	
SEWERAGE APPLICATION RATE:	SOIL CLASSIFICATION:	
INSPECTIONS: <input type="checkbox"/> S <input type="checkbox"/> SZ <input type="checkbox"/> ULF <input type="checkbox"/> WW	SPECIAL REQUIREMENTS: <input type="checkbox"/> ULF <input type="checkbox"/> SSL <input type="checkbox"/> INS <input type="checkbox"/> PLANS <input type="checkbox"/> FLTANK <input type="checkbox"/> WLDO <input type="checkbox"/> WWFLUG	

REVIEW							
REVIEWER	DATE	REVIEWER	DATE	REVIEWER	DATE	REVIEWER	DATE
RECEIVING							
CLERK	DATE	CLERK	DATE	CLERK	DATE	CLERK	DATE