



# 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	<b>CONSTRUCTION SITE ADDRESS:</b>				<input type="checkbox"/> <b>COMMERCIAL</b>		
	City, St:		Zip		<input type="checkbox"/> <b>RESIDENTIAL</b>		
	<b>HCAD#</b> <small>www.hcad.org (13-digits)</small>		<b>HC PROJECT#</b>				
	Subdivision _____		Section _____		Block _____		
	Lot _____		Reserve _____				
Survey Name _____				Abstract # _____		Tract # _____	
<b>Water Supply:</b>							
<input type="checkbox"/> <b>PUBLIC</b>		<input type="checkbox"/> <b>COMMUNITY</b>		<input type="checkbox"/> <b>INDIVIDUAL (Existing)</b>		<input type="checkbox"/> <b>INDIVIDUAL (Proposed)</b>	
Name of System _____							

A P P L I C A N T	<b>**Contact person for project/permit notifications and emails**</b>					
	Name: _____			E-Mail: _____		
	Address: _____			City, St: _____		Zip _____
	Phone: _____		Ext _____	Phone: _____		Ext _____

O W N E R	<b>OWNER Name:</b> _____			E-Mail: _____		
	Address: _____			City, St: _____		Zip _____
	Phone: _____		Ext _____	Phone: _____		Ext _____

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  |

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"/> S2	<input type="checkbox"/> ULF	<input type="checkbox"/> WW	SPECIAL REQUIREMENTS:	<input type="checkbox"/> ULF	<input type="checkbox"/> SSC	<input type="checkbox"/> INS	<input type="checkbox"/> PLANS	<input type="checkbox"/> FLTANK	<input type="checkbox"/> WLOG	<input type="checkbox"/> WWPLUG
REVIEW												
REVIEWER	DATE	REVIEWER	DATE	REVIEWER	DATE	REVIEWER	DATE					
RECEIVING												
CLERK	DATE	CLERK	DATE	CLERK	DATE	CLERK	DATE					