

Disposal Type\*

## APPLICATION FOR ON-SITE SEWAGE FACILITY

PERMIT AND LICENSE

BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 111 East Locust Bldg A-29, Suite 270 ANGLETON, TX 77515 HOUSTON (281)756-1600 ANGLETON (979)864-1600 CLUTE (979)388-1600

THIS APPLICATION WILL EXPIRE ONE (1) YEAR FROM THE APPLICATION DATE IF INSPECTION IS NOT COMPLETED.

I hereby make application for a license to construct and operate an on-site sewage facility in Brazoria County, Texas. Permit fee is \$210.00 for a single family dwelling and \$410.00 for all other types. Make payable to the Brazoria Co. Environmental Health Dept. No refunds once permit is submitted. (LAST) (FIRST) (INT) Mailing Address: \_ (STREET & BOX) (CITY) (STATE) (ZIP) Home Phone (\_ Office ( **LOCATION OF CONSTRUCTION:** (3) Commissioners Precinct: (1) □ (2) (4) **SITE ADDRESS:** (STREET & COUNTY ROAD) (CITY) (STATE) (ZIP) **LEGAL DESCRIPTION: Subdivision/Date** Abstract Lot/Tract\_ Lot Size/Acreage Living Area (sq. ft.) Days occupied per week: TYPE (including multi-family residences): \_ Daily Wastewater Usage Rate: Q= (gallons/day) Disposal System Type: \_sq ft Spray Area: \_\_\_ As per 285.7 O.S.S.F. Rules Area required: LPD/Pumped Effluent/Drip Emitter Drainfield size: \_sq ft Length: \_ Width Depth Width Standard drain field size lineal ft. Length: Depth \_ Water Source: ☐ Private ☐ Public\_\_\_ (Name) Water saving devices: Yes □ No □ \_\_\_\_ Construction: □Concrete □ Fiberglass Size proposed: Tank Type: Construction: Concrete Fiberglass Manufacturer: Aerobic Tank: Size proposed: \_ Aerobic Unit: Serial #\_ Model #: License# Phone# ( **Designer:** Site Evaluator: \_ License# Phone# Installer: License# Phone# **License Expiration Date:** Cell# Maintenance Provider: License# Phone# ( This form must be completely filled out in blue or black ink to be accepted. Drawings must also be in blue or black ink. A diagram showing building, water well, septic tank, and drain field with distance in feet from all points must be supplied. You must note ANY body of water. Additional Information (if applicable): (note-This information must be attached for review to be completed.) A) Site Evaluation B) Planning Materials C) Pump Data, Tank & Disposal Specs D) Maintenance Contract/Affidavit (filed) E) Joinder Agreement (filed) F) Well Log Reports(s) or Well Plugging Report(s) I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Brazoria County Environmental Health to enter upon the above described property for the purpose of lot evaluation and inspection of On-Site Sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this commission's On-Site Sewage Facility Rules, TAC 30 Chapter 285. Owner's Signature Date Owner's Drivers License Number **ACKNOWLEDGMENT STATE OF TEXAS COUNTY OF BRAZORIA** Before me, the undersigned authority, on this day personally appeared\_ known to me to be the person(s) whose name(s) is/are signed to the foregoing application and duly sworn by me, each states under oath that he had read the said application and that all facts therein set forth are true and correct. Sworn to before me, this \_ \_\_day of\_\_ **NOTARY PUBLIC APPLICATION:** □ **APPROVAL** □ **DISAPPROVAL DATE INSPECTOR** Well Log or Plugging Reports Required? □Yes □No Joinder Agreement Required? □Yes □No Brazoria County Appraisal ID # \_\_\_ \_\_\_\_ Flood Plain Info: 🗌 New Construction 🔲 Upgrade **Authorization to Construct** \_ Date: \_\_\_ Provided to Installer: INSPECTION: ☐ APPROVAL☐ DISAPPROVAL DATE\_ \_\_\_\_INSPECTOR\_ LIC#\_ **Final Permit Copies** Provided to Installer: \_ Date: \_\_ \_ 🗌 In person 🔲 Fax 🔲 Mail By: \_

\_ Date: \_\_\_\_

\_\_\_\_ 🗌 In person 🗌 Fax 🗌 Mail By: \_\_

Provided to Maintenance Prov: \_\_