



PERMIT NO. _____
 YY JJJ NNNNN

Disposal Type*

APPLICATION FOR ON-SITE SEWAGE FACILITY

PERMIT AND LICENSE

BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
 111 E 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 FINAL 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 County Environmental Health Department. No refunds once permit is submitted.

NAME _____ DATE _____
 (LAST) (FIRST) (INT)

Mailing Address: _____
 (STREET & BOX) (CITY) (STATE) (zip)

Home Phone () _____ Office () _____

LOCATION OF CONSTRUCTION: Commissioners Precinct (1) _____ (2) _____ (3) _____ (4) _____

SITE ADDRESS: _____
 (STREET & COUNTY ROAD) (CITY) (STATE) (ZIP)

LOT DIMENSIONS/Acreage ft. _____ by _____ Water Source: _____ Private _____ Public _____
 (name)

LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Subdivision/Date _____

SINGLE FAMILY RESIDENCE: NO. of Bedrooms _____ Living Area (sq. ft.) _____

COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE _____

NO. OF EMPLOYEES/OCCUPANT/UNITS: _____ DAYS OCCUPIED PER WEEK: _____

SITE EVALUATOR: _____ CERTIFICATION NO: _____

Professional design required? yes no if yes, professional design attached: yes no

DESIGNER: _____ LICENSE NO (P.E. OR R.S) _____ PH# _____

INSTALLER _____ REGISTRATION # _____ PHONE # () _____

Daily Wastewater Usage Rate: Q= _____ (gallons/day) Water saving devices: yes _____ No _____

Disposal system: Type: _____ Area required _____

SPRAY AREA sq.ft. _____ plans: As per 285.7 O.S.S.F. Rules

L.P.D. / Pumped Effluent drain field size sq.ft. _____ Length: _____ Width _____ Depth _____

Standard drain field size lineal ft. _____ Length: _____ Width _____ Depth _____

Sewer (House drain): Type and size of Pipe: _____ Slope of sewer pipe to tank: _____

Treatment Unit:

Septic Tank: Tank dimensions: _____ Liquid depth (tank bottom to outlet): _____ Size required: _____

Size proposed: _____ Concrete: _____ Fiberglass: _____ Other: _____

Aerobic: Manufacturer: _____ Model: _____ Size required: _____ Size proposed: _____

Concrete: _____ Fiberglass: _____ Other: _____

Aerobic Treatment Tank Serial Number: _____ Other: _____

Additional Information: (note-This information must be attached for review to be completed.)

A) Site Evaluation B) Planning Materials C) Pump Data D) Spray maintenance agreement/affidavit to the public/(filed)

APPROVAL OF APPLICATION:

APPROVAL _____ DISAPPROVAL _____ DATE _____ INSPECTOR _____

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.

 (Signature of Owner) Date _____

Owner's Driver License Number _____

ACKNOWLEDGMENT

STATE OF TEXAS

COUNTY OF BRAZORIA

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF _____
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of _____ County, Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSF). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ, under authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II.

An OSSF requiring a maintenance contract, according to 30 Texas Administration Code §285.91(12) will be installed on the property described as:

This property is owned by _____. This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to _____ within 30 days after the property has been transferred. The owner will, upon sale or transfer of the above described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from _____.

WITNESS MY/OUR HAND(S) ON THIS _____ DAY OF _____, _____

Signature of property owner(s)

Printed or typed name of property owner(s)

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ DAY OF _____,
by:

Signature of Notary Public

Commission expires _____