



ATASCOSA COUNTY HEALTH DEPARTMENT

APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION AND MODIFICATION

ATASCOSA COUNTY
USE ONLY

APPLICATION NO.

DATE

AMOUNT

☐ NEW INSTALLATION

☐ MODIFICATION

1. PROPERTY OWNER'S NAME: _____
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: _____
3. TELEPHONE NO. DURING DAY: (____) _____
4. SITE ADDRESS: _____
5. LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Date _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: ACREAGE _____ SURVEY _____
6. SOURCE OF WATER: ☐ Private Well ☐ Public Water Supply _____
(NAME OF SUPPLIER)
7. SINGLE FAMILY RESIDENCE: No. of Bedrooms _____ Living Area (ft²) _____
8. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
9. SITE EVALUATOR: _____ CERTIFICATION NO. _____
10. DESIGNER: _____ LICENSE NO. (PE OR RS): _____
PHONE NO.: _____
11. INSTALLER: _____ REGISTRATION NO.: _____
PHONE NO.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Atascosa County Health Department 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.

12. _____
(SIGNATURE OF OWNER)

(DATE)



ATASCOSA COUNTY HEALTH DEPARTMENT

ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

APPLICATION # _____

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND OR ADMINISTRATIVE PENALTIES.**

OWNER'S NAME: _____

Professional design required?: ☐ Yes ☐ No

If yes, professional design attached: ☐ Yes ☐ No

I. SEWER (House drain):

Type and size of pipe: _____ Slope of sewer pipe to tank: _____

II. DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)

Water saving devices: ☐ Yes ☐ No

III. TREATMENT UNIT:

A. ☐ SEPTIC TANK:

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

B. ☐ AEROBIC:

- Manufacturer: _____
- Model #: _____
- Size required: _____
- Size proposed: _____
- Pretreatment tank: ☐ Yes ☐ No

C. ☐ OTH-

ER: _____

(PLEASE ATTACH DESCRIPTION)

IV. DISPOSAL SYSTEM:

Type: _____

- Area required: _____
- Area proposed: _____

V. ADDITIONAL INFORMATION: (Note - This information must be attached for review to be completed.)

A. Site evaluation

B. Planning materials

DESIGNER'S SIGNATURE _____

REGISTRATION NO. _____

DATE _____