



## ATASCOSA COUNTY HEALTH DEPARTMENT

### APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION AND MODIFICATION

ATASCOSA COUNTY USE ONLY
APPLICATION NO.
DATE
AMOUNT

<input type="checkbox"/> NEW INSTALLATION
<input type="checkbox"/> 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: \_\_\_\_\_
6. SOURCE OF WATER:  Private Well  Public Water Supply \_\_\_\_\_  
(NAME OF SUPPLIER) \_\_\_\_\_
7. SINGLE FAMILY RESIDENCE: No. of Bedrooms \_\_\_\_\_ Living Area (ft<sup>2</sup>) \_\_\_\_\_
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