

TCEQ
ON- SITE SEWAGE FACILITY
TECHNICAL APPLICATION FOR PERMIT

APPLICATION # _____

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

OWNER'S NAME: _____ COUNTY: _____

Professional design required? (Circle Yes or No) **Yes** **No** If yes, profession 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: (circle A, B, or C below)

A. SEPTIC TANK:

- Tank Dimensions: _____ Size Required: _____
- Liquid Depth (Bottom of tank to outlet): _____ Size Proposed: _____

B. SEPTIC TANK:

- Manufacturer: _____ Size Required: _____
- Model Number: _____ Size Proposed: _____
- Pretreatment Tank: **Yes** **No**

C. OTHER: _____
(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

The attached checklist details those items that must be addressed under each of these categories.

Designer's Signature Registration No. Date