

(Office Use Only)

License No. _____ Date _____ Received _____

Development No. _____ Map No. _____ Zone _____

APPLICATION FOR ON-SITE SEWAGE FACILITY (OSSF) LICENSE

Applicant applies for a license to construct an On-Site Sewage Facility in the unincorporated area of Austin County, Texas, as required by the rules of Austin County, Texas, for On-Site Sewage Facilities.

I. APPLICANT INFORMATION: (all information must be completed)

A. APPLICANT'S NAME:

B. CURRENT MAILING ADDRESS:

(Number & Street Name)

(City & State & Zip)

(Home Telephone #)

(Business Telephone #)

E-mail Address

II. PROPERTY INFORMATION: (all information must be completed)

A. SUBDIVISION:

(Name of Subdivision)

(Sec., Block, Lot)

B. NOT IN SUBDIVISION:

(Abstract No. & Survey Name)

(Property "R" #)

C. 911 ADDRESS:

(Number & Street Name)

(City/Town)

D. ACREAGE: _____

E. RENTAL PROPERTY: YES _____ NO _____

F. SEASONAL _____

OR YEAR AROUND _____

Revised 3/20/12

G. DIRECTIONS TO PROPERTY (from Courthouse): _____

III. WATER SUPPLY INFORMATION: (all information must be completed)

A. INDIVIDUAL WATER WELL: _____

(Name of Drilling Co. & Telephone #)

B. PUBLIC WATER SUPPLY: _____

(Name of Co. & Telephone #)

IV. STRUCTURE INFORMATION: (all information must be completed)

A. DWELLING INFORMATION:

RESIDENTIAL/SINGLE FAMILY

MULTI FAMILY

MANUFACTURED HOME

BARN/STORAGE BUILDING

COMMERCIAL/INDUSTRIAL

NAME OF COMPANY: _____

TYPE OF BUSINESS: _____

NUMBER OF PEOPLE WORKING AT LOCATION: _____

_____ **NO. OF PEOPLE LIVING AT LOCATION**

_____ **SQ. FT. OF LIVING AREA**

_____ **YEAR BUILT**

1 2 3 4 5+ NUMBER OF BUILDINGS ON PROPERTY

1 2 3 4 5+ NUMBER OF BEDROOMS

1 2 3 4 5+ NUMBER OF FULL BATHS

1 2 3 4 5+ NUMBER OF 1 / 2 BATHS

B. CHECK TYPE OF FIXTURES:

WATER SAVING: _____

NON-WATER SAVING: _____

GREASE TRAP: _____

GARBAGE DISPOSAL: _____

V. ENGINEERING PLAN AND SPECIFICATIONS IN SUPPORT OF THIS APPLICATION SUBMITTED:

A. SITE EVALUATOR: _____
(Name) (Telephone #)

Certificate #: _____

(Address) (City/Zip Code)

B. ENGINEER/SANITARIAN: _____
(Name) (Telephone #)

Certificate #: _____

(Address) (City/Zip Code)

C. SYSTEM INSTALLER: _____
(Name) (Telephone #)

Certificate #: _____

(Address) (City/Zip Code)

I authorize Austin County and the Texas Commission on Environmental Quality and their agents to enter the described property during daylight hours to inspect for On-Site Sewage Facilities, for any reason consistent with the water quality program of the Texas Commission on Environmental Quality.

SIGNATURE OF OWNER: _____

APPLICATION ACCEPTED BY: _____

NOTE:

THE FOLLOWING MUST BE INCLUDED WITH APPLICATION TO PROCESS THE ON-SITE SEWAGE FACILITY LICENSE:

- 1. FEE**
- 2. DEED**
- 3. SITE EVALUATION/DRAWING**
- 4. DESIGN (if applicable)**
- 5. AFFIDAVIT TO PUBLIC (if applicable)**
- 6. MAINTENANCE CONTRACT (if applicable)**