

AUSTIN COUNTY APPLICATION FOR ON-SITE SEWAGE SYSTEM PERMIT

PERMIT #: _____

DATE RECEIVED: _____

PROPERTY OWNER: _____
(LAST) (FIRST)

CURRENT MAILING ADDRESS: _____
(NUMBER & STREET NAME OR P. O. BOX)

(CITY) (ZIP CODE)

(EMAIL ADDRESS)

(DAYTIME PHONE OR CELL PHONE) (ALTERNATE DAY PHONE)

SITE ADDRESS: _____
(NUMBER & STREET NAME) (CITY) (ZIP CODE)

PROPERTY DESCRIPTION: LOT _____ BLOCK _____ SEC _____ SUBDIVISION _____

OR

SURVEY: _____ **ABSTRACT:** _____ **LOT SIZE:** _____ **ACRES**

WATER SUPPLY: _____ **PRIVATE WELL** _____ **PUBLIC WATER SUPPLY** _____
(NAME OF WELL DRILLER OR SUPPLIER)

House: _____ **Barndominium:** _____ **Manufactured/Modular Home:** _____ **Barn/Shop:** _____

SINGLE FAMILY RESIDENCE: # OF BEDROOMS _____ LIVING AREA (SQ FT) _____

WATER SAVING DEVICES INSTALLED? YES _____ NO _____

COMMERCIAL (INCLUDING MULTI-FAMILY RESIDENCES): **TYPE:** _____

NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: _____ **SQUARE FOOTAGE** _____

SITE EVALUATOR: _____ **REGISTRATION #** _____ **PHONE #** _____

SYSTEM DESIGNER: _____ **REGISTRATION #** _____ **PHONE #** _____

SYSTEM INSTALLER: _____ **REGISTRATION #** _____ **PHONE #** _____

THIS PERMIT IS VALID FOR ONE (1) YEAR FROM DATE OF ISSUANCE

AUTHORIZATION IS HEREBY GIVEN TO AUSTIN COUNTY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF INSPECTING OSSF FACILITIES FOR ANY REASON CONSISTENT WITH THE TEXAS HEALTH AND SAFETY CODE.

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PROPERTY OWNER SIGNATURE: _____ **DATE:** _____

REVIEWED BY AUSTIN COUNTY DESIGNATED REPRESENTATIVE: _____ **DATE:** _____

AUSTIN COUNTY PLANNING & DEVELOPMENT DEPT.

One East Main
Bellville, TX 77418
979-865-5911 X 2225

Acknowledgement of Aerobic Treatment Unit

Property Owner: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

This is to certify that the installer, or site evaluator, or system designer has explained alternative systems that are available depending on the Site and Soil Evaluation Report for the site address.

I wish to:

[] Have an Aerobic Treatment Unit system installed.

Aerobic Treatment Units are not required by Austin County.

If an Aerobic Treatment Unit system is installed, I understand that at least 30 days prior to the expiration of the initial two year service policy, a maintenance contract with a certified maintenance provider is required in accordance with the On-Site Sewage Facilities Order for Austin County. An Aerobic Treatment Unit requires proper operation, periodic inspection, maintenance, testing and reporting to function properly.

Homeowner: _____

Date: _____