

\*ALL PERMIT FEES ARE NON REFUNDABLE

Permit Number: \_\_\_\_\_

\*ONE PERMIT PER SYSTEM

Date: \_\_\_\_\_

# HENDERSON COUNTY

## On-Site Sewage Facilities Permit Application

Property Owner's Name: \_\_\_\_\_  
(first) (middle) (last)

Mailing Address: \_\_\_\_\_  
(Street) (city) (zip)

Phone No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) (other)

Site Address: \_\_\_\_\_  
(Address required: 911 address and/or County Road #) (City) (Zip)

Subdivison Name: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Other than Subdivison: Acreage: \_\_\_\_\_ Survey: \_\_\_\_\_

\*For Legal Description Please attach proof of ownership documents.

Maximum Water Consumption (gallons per day): \_\_\_\_\_ Actual \_\_\_\_\_ Estimated \_\_\_\_\_

Water saving devices? \_\_\_\_\_ Yes \_\_\_\_\_ No

Source of Water? \_\_\_\_\_ Private Well \_\_\_\_\_ Public Water Supply-Name \_\_\_\_\_

\_\_\_\_\_ Single Family Residence: Number of Bedrooms \_\_\_\_\_ Square Footage Living Area: \_\_\_\_\_

\_\_\_\_\_ Commercial/Institutional/Multi-Family: Type: \_\_\_\_\_

Number of Employees/Occupants/Units: \_\_\_\_\_ Days Occupied per Week: \_\_\_\_\_

Site Evaluator: \_\_\_\_\_ Registration No. & Type \_\_\_\_\_

Designer: \_\_\_\_\_ Registration No. & Type \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Street, PO Box, or Router/City/Zip)

Installer: \_\_\_\_\_ Registration No. & Type \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Street, PO Box, or Router/City/Zip)

I hereby certify that under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in denial of my application. Authorization is hereby granted for the Permitting Authority to enter the above-described property for the purpose of the lot evaluation and inspection of on-site facility and related activities. A permit to operate the facility will be granted following a successful inspection of the system, provided the system has been installed in compliance with the TCEQ's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

(AC) Approved For Construction By: \_\_\_\_\_ License No. \_\_\_\_\_ Date: \_\_\_\_\_

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AC) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "AUTHORIZATION TO CONSTRUCT", BASED ON PLANNING MATERIALS RECEIVED BY THIS DATE.

.....  
(AO) INSPECTED AND APPROVAL TO OPERATE GRATED BY: \_\_\_\_\_  
On-Site Inspector License No. Date

A COPY OF THIS APPLICATION WITH APPROVAL SIGNATURE ON LINE (AO) BY THE DESIGNATED REPRESENTATIVE SHALL SERVE AS "NOTICE OF APPROVAL TO OPERATE", BASED ON FIANAL SYSTEM APPROVAL, IF CHANGES WERE MADE AFTER RELEASE OF AUTHORIZATION TO CONSTRUCT.

