



Burleson County Environmental Office
 100 West Buck St, Suite 303, Caldwell TX, 77836
 Phone: (979) 567-2360
 Fax: (979) 567-2371

(Office use only)
PERMIT NUMBER

Payment Receipt Number

APPLICATION FOR AN ON-SITE SEWAGE FACILITY

All information on this form is required. If the installer does not request a construction inspection by the permitting authority within one year of the issuance of the authorization to construct, the authorization to construct expires, and the owner will be required to submit a new application and application fee before an OSSF can be installed. All systems require a construction inspection before a License-to-Operate is issued. **License-to-Operate is required before OSSF is put into service.** Fees subject to change.

Reason for Permit (check one) New Construction System Replacement System Repair/Modification Transfer of Ownership

Owner Name: _____ **Phone:** _____

Site Address: _____ **City/State:** _____ **Zip:** _____

Mailing Address: (if different) _____ **City/State:** _____ **Zip:** _____

Structure Type: Structure on Slab Mobile Home Pier & Beam Other: _____

Living Area Sq Ft: _____ **Year Structure Built:** _____ **Number of Bedrooms:** _____ **Number in Household:** _____

Water Saving Devices: Yes No **Name of water company or private well?** _____

Subdivision Name: (if applicable) _____ **Lot:** _____ **Acres:** _____

Property ID: _____ **Is this property in the floodplain?** YES NO
The Parcel ID is available from the Burleson County Appraisal District

Is this property the applicants homestead? YES NO

Directions to Property: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the BURLERSON COUNTY DESIGNATED REPRESENTATIVE (DR), the authorized agent for Texas Commission On Environmental Quality (TCEQ), to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site sewage facility and that a license-to-operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with the Texas Commission On Environmental Quality (TCEQ) On-Site Facility Rules, TAC30, Chapter 285.

Signature of Owner: _____ **Date:** _____

Installer Name: _____ **Site Evaluator Name:** _____
Provide installers name NOT the company name

License #: _____

License #: _____

Phone #: _____

Phone #: _____

Installer Email: _____

Designer Name: _____

License #: (RS or PE) _____

Phone #: _____

***** Installer please write in GPD next to system type *****

Standard Trench/Bed: _____	Leaching Chamber: _____	Evapotranspiration Bed: _____
Surface Application: _____	Drip Irrigation: _____	Pumped Effluent: _____
Gravel-less Pipe: _____	EZflow System: _____	PTI System: _____
Low Pressure Dosing: _____	Absorptive Mound: _____	Other: _____

OFFICE USE ONLY					
Residential \$330	Commercial \$540	Re-Inspection \$165	Modification \$165	Repair \$100	ref # _____
<small>MODIFICATION – OSSF systems with current permit on record; modification includes any changes that add to or take away from the original design of the OSSF system. REPAIR –OSSF systems with current permit on record in need of repair due to collapsed lines, tanks, etc. Repairs do not alter the original design of the OSSF.</small>					date _____