

Date Received
Stamp Here

ON-SITE SEWAGE FACILITY PERMIT APPLICATION
BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPT
111 East Locust Bldg A-29, Suite 270 ANGLETON, TX 77515
HOUSTON (281)756-1600 ANGLETON (979)864-1600 CLUTE (979)388-1600

This application will expire one year from the application date if inspection not complete. No refunds once permit is issued.
Attach Copy of Legal Description (i.e. Deed, Plat, Survey, Appraisal)

Permit Number

\$250 Single Family
 \$450 Multi-Hookup
 \$450 Commercial
 New
 Replacement
 Alteration

Type _____

BCEHD USE ONLY

PROPERTY OWNER _____
(NAME ON DEED) (LAST) (FIRST) (INT)

PHONE NUMBERS _____ EMAIL _____

MAILING ADDRESS _____

SITE ADDRESS _____ Acres _____

WATER SOURCE Private Public (Name) Water Saving Devices: Yes No

SINGLE FAMILY RESIDENCE: # of Bedrooms _____ Living Area(Sq Ft) _____ Daily Wastewater Usage Rate _____

COMMERCIAL/MULTI FAMILY: Type _____ # of Employees/Units _____ Days/Wk Occupied _____

DESIGNER _____ Reg# _____ Phone# _____

SITE EVALUATOR _____ Reg# _____ Phone# _____

INSTALLER _____ Reg# _____ Phone# _____

MAINTENANCE PROVIDER _____ Reg# _____ Phone# _____

TREATMENT TANK(S):

Tank	# of Compartments	Size	Manufacturer	Model
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____

DISPOSAL TYPE (check one):

Standard Gravelless Leaching Chamber Low Pressure Dosing Surface Irrigation Drip Emitter

Disposal Area _____ Disposal Length _____ Trench Depth _____ Trench width _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Authorized Agent to enter upon the above described property for the purpose of lot evaluation and inspection of the OSSF. I also acknowledge that Inspection of the OSSF is required prior to all components being covered and use of the system.

Signature of Owner (Name on Deed) _____ Date _____

DEPARTMENT USE ONLY BELOW THIS LINE

APPLICATION: APPROVAL DISAPPROVAL DATE _____ INSPECTOR _____ LIC# _____

Well Log or Plug Report Required? Yes No Recorded Plat Required? Yes No Flood Zone: Yes No BOD Test Req? Yes No

Brazoria County Appraisal ID # _____ ETJ _____ Flood Plain Info: New Construction Upgrade

Legal Description: SUB _____ Ab _____ Sec _____ Block _____ Lot _____ Precinct _____

Authorization to Construct

Provided to Installer: _____ Date: _____ In person Fax Mail By: _____

INSPECTION: APPROVAL DISAPPROVAL DATE _____ INSPECTOR _____ LIC# _____

Final Permit Copies

Provided to Installer: _____ Date: _____ In person Fax Mail By: _____

Provided to Maintenance Prov: _____ Date: _____ In person Fax Mail By: _____