City of Elmendorf
8304 FM 327
Elmendorf, Texas 78112
210-635-8210

Office Use Only
OSSF Permit #__________

APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION
TCEQ Region 13

1. PROPERTY OWNER(S) NAME: ____
   (Last) (First) (Middle)
2. CURRENT MAILING ADDRESS: ____
3. HOME PHONE NO.: (______) ______________ OTHER or FAX NO.: (______) ______________

4: 911 SITE ADDRESS: ____

5: PROPERTY LEGAL DESCRIPTION: ____

Acreage: ________ Plat Date: __________ Subdivision name (if applicable): ____________________

PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION

6. DIRECTIONS TO SITE: ____

   ____

7. SOURCE OF WATER: Private Well Public Water Supply ____________________
   (Name of Supplier)
8. SINGLE FAMILY RESIDENCE:
   No. of Bedrooms & Bathrooms: __________ Living Area (ft^2): ______________
9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: ____________________
   BUSINESS / INSTITUTION NAME: ____
   RESPONSIBLE OFFICIAL: ______________________________ NO. OF EMPLOYEES/UNITS: __________
10. SITE EVALUATOR: __________________________________ LICENSE NO. ____________________
    PHONE NO.: (______) ______________ OTHER or FAX NO.: (______) ______________
    MAILING ADDRESS: ______________________ CITY: ____________ STATE: ________ ZIP: ________
11. INSTALLER: __________________________________ LICENSE NO.: ____________________
    PHONE NO.: (______) ______________ OTHER or FAX NO.: (______) ______________
    MAILING ADDRESS: ______________________ CITY: ____________ STATE: ________ ZIP: ________

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Elmendorf to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

SIGNATURE OF OWNER: ____________________________________ **DATE:** ____________________

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

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TCEQ Region 13
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

Designer:____ **License Number:**_______________

License Type:________________ **Address:** ____

Phone:(___)___-______ Fax:(___)____-______ Email:____________________________________

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank: ____

Treatment tank to disposal system: ____

II. DAILY WASTEWATER USAGE RATE: Q= __________(gallons/day)

Water Saving Devices: Yes No

III. TREATMENT UNIT(S): Septic Tank Aerobic Unit

A. Tank Dimensions: ________________ Liquid Depth (bottom of tank to outlet): __________

Size Proposed: ________________(gal) Manufacturer : ________________________________

Material/Model #:______________________________

Pretreatment Tank : Yes / No SIZE : ____________(gal)

Pump/Lift Tank : Yes / No SIZE : ____________(gal)

B. OTHER Yes No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: ____

Manufacturer and Model: ____

Area Proposed : ____________________square feet

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED. A. Soil/Site evaluation **B.** Planning materials (If Applicable)

DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

SIGNATURE OF INSTALLER OR DESIGNER:______________________________ **DATE:** ____________

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local office at 210-635-8210. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us 210-635-8210.

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