

**BRAZOS COUNTY HEALTH DEPARTMENT
APPLICATION FOR AN ON-SITE SEWAGE FACILITY**

CHESS NUMBER

Residential Application

Application valid one year from date of purchase

Reason for Permit (please circle):

New Construction System Replacement System Repair/Modification Transfer of Ownership

Name of New Homeowner: _____ Phone: (____) _____

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

Mailing Address: _____ City/State: _____ Zip: _____

Information about Structure Type: Structure on Slab Mobile Home Pier & Beam

Total Square Footage: _____ Number in Household: _____

Year Structure was Built: _____ Number of Bedrooms: _____

Water Saving Devices (circle): YES/ NO Grid Number: _____

Subdivision Name (if applicable): _____ Lot: _____ Block: _____ Phase: _____

Survey Name: _____ Abstract: _____ Tract: _____ Acres: _____

Direction to Property: _____

Flood Plain Permit Number: _____ Estimated Gallons Per Day: _____

Name of Water Supply: _____ Private Well (circle): YES/NO

Name of Former Owner: _____

Signature of Owner: _____ Date: _____

Receipt Information: Permit Application Fee \$400	_____	Date: _____
Repair/Modification Fee \$80	_____	Date: _____
Re-Inspection Fee \$80	_____	Date: _____
Affidavit Fee \$16/\$20	_____	Date: _____
Compliance Inspection \$100	_____	Date: _____
Transfer of Ownership \$0	_____	Date: _____
Expedite Fee \$25	_____	Date: _____
Fax Fee \$3	_____	Date: _____
Long Distance Fax Fee \$5	_____	Date: _____

Comments: _____

Fees are subject to change

For Office Use Only

Date of Inspection: _____

Authorization to Construct: _____ Installer Name: _____

Lic No. _____

Treatment: Aerobic Conventional tanks Constructed Wetland Other:

Number of Tanks: _____ Tank Capacity: _____ Tank Manufacturer:

Clean Out Provided: _____ Pump Tank Size: _____ Construction Material of Tank _____

Disposal Field: Surface Application ET Beds Low Pressure Dosing Conventional

Leach Chamber Pressure Emitter Gravel-less Pipe Other

Surface Disposal: Total Application Area: _____ Square Feet Loading Rate:

Timer Used: _____ Anti-Siphon Hole Used _____ Checked Valve Used _____

Subsurface Disposal: Dept of excavation: _____ inches Length of Excavation: _____ feet

Width of excavation: _____ feet Total Square feet:

Aggregate size: _____ Type of Pipe used:

Setbacks: Water wells Body of Water Slope Break Property Lines

Tanks _____ _____ _____ _____

Disposal _____ _____ _____ _____

Remarks:

Map of System