

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

CHESSE NUMBER

COMMERCIAL 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 Landowner: _____ Phone: (____) _____

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

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

Name of Business: _____

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

Total Square Footage: _____ Number of Employees: _____

Year Structure was Built: _____ Hours of Operation: _____

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

Type of Business: _____

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 \$500	_____	Date: _____
Repair/Modification \$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