



Nacogdoches County

ENVIRONMENTAL HEALTH

Application for On - Site Sewage Facility

FEE: \$300.00
Comm: \$400

1. Property Owner's Name: _____

2. Permanent Mailing Address: _____

3. Telephone No. During Day: _____

4. Site Address: _____ Location _____

5. Legal Description: Parcel ID#: _____ Acreage: _____

Email: _____

No. Of Occupants: _____ Days Occupied Per Week: _____

6. Source of water : Private well _____ Public water supply _____
Water Saving Devices Yes No

7. Single Family Residence or Commercial: No. of Bedrooms _____ Living area(ft) _____
No. of Bathrooms _____ No. of Toilets _____
Shower Heads _____ Kitchen _____
Household _____

8. New Construction _____ Existing Home _____ Approx. Date of Occupancy _____

9. Commercial/Institutional: Type: _____

10. Site Evaluator: _____ Certification No. _____
Phone No. _____

11. Designer: _____ License No. _____
Phone No. _____

12. Installer: _____ Registration No: _____
Phone No. _____

DATE: _____ PERMIT # _____ AMOUNT: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Designated Representative of Nacogdoches County to enter upon the above described property for the purpose of lot evaluation and inspection of on- site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in Compliance with this commission's On- Site Sewage Facility Rules, TAC30, Chapter 285.

13. _____
(Signature of Owner)

(Date)