

APPLICATION FOR ON-SITE SEWAGE FACILITY

NEW CONSTRUCTION AND MODIFICATION

	New Installation		Application Number:		
	Modification		Date: Amount: Receipt Number:	\$	
1.	Property Owner:	Last Name	First Name	Midd	e Name
2.	Mailing Address:		C:b.		
		Street Address/PO Box	City	State	ZIP
3. 4.	Daytime Phone: Site Address:	()	Surfside Beach	TX	77541
•••		Street Address	City	State	ZIP
5.	Legal Description:				
6.	Source of Water:	private well	public water supply		
7.	Single Family Resid	ence: # of bedrooms:	living area (square feet):	_	
8.	Commercial/Institutional: (including multi-family residence): Type:				
	# of Employees/Occ	cupants/Units:	Days Occupied per Week:		
9.	Site Evaluator:		Certification Number:		
10.	Designer:		License No. (PE or RS):		
	Phone Number: _		_		
11.	Installer		Registration No.:		
	_		_		
Sur faci	fside Beach to enter up lity and that a permit t	atements are true and correct to the best soon the above described property for the to operate the facility will be granted follo lled in compliance with TCEQ's On-Site Se	purpose of lot evaluation and inspection of the instantant	on of on-site	e sewage
12					

Date

Signature of Owner