

**CITY OF BROOKSIDE VILLAGE • 6243 BROOKSIDE • BROOKSIDE VILLAGE, TX 77581**

**(281) 485-3048 (phone #) • (281) 485-9551 (fax #)**

**APPLICATION FOR ON-SITE SEWAGE FACILITY  
NEW CONSTRUCTION**

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

2. CURRENT MAILING ADDRESS \_\_\_\_\_

3. DAYTIME TELEPHONE NO.: \_\_\_\_\_

4. 911 SITE ADDRESS: \_\_\_\_\_

5. LEGAL DESCRIPTIONS: Sec. \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Plat Date \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

OTHER THAN SUBDIVISION: Acreage: \_\_\_\_\_ Survey Name: \_\_\_\_\_

Abstract Name/No.: \_\_\_\_\_

6. PHYSICAL LOCATION/DIRECTIONS TO SITE: \_\_\_\_\_

7. SOURCE OF WATER:  Private Well  Public Water Supply \_\_\_\_\_

(Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms \_\_\_\_\_ Living Area (ft<sup>2</sup>) \_\_\_\_\_

9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_

NO. OF EMPLOYEES/OCCUMPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_

10. SITE EVALUATOR: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

11. DESIGNER: \_\_\_\_\_ LICENSE NO.(PE or RS) \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

12. INSTALLER: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

**I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality 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)

ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT  
APPLICATION # \_\_\_\_\_

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.  
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

OWNER'S NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Professional design required?:  Yes  No      If yes, professional design attached:  
 Yes  No

I. SEWER (House drain):

TYPE AND SIZE OF PIPE: \_\_\_\_\_ SLOPE OF SEWER PIPE TO TANK: \_\_\_\_\_

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

WATER SAVING DEVICES:  Yes  No

III. TREATMENT UNIT:  Septic Tank  Aerobic Unit

A. • TANK DIMENSIONS \_\_\_\_\_ • LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): \_\_\_\_\_

• SIZE REQUIRED: \_\_\_\_\_ • SIZE PROPOSED: \_\_\_\_\_ •

MANUFACTURER: \_\_\_\_\_ • MATERIAL/MODEL #: \_\_\_\_\_

• PRETREATMENT TANK:  Yes SIZE: \_\_\_\_\_ (GAL)  No NA

B. OTHER: \_\_\_\_\_

(Please attach description)

IV. DISPOSAL SYSTEM: TYPE: \_\_\_\_\_

• AREA REQUIRED: \_\_\_\_\_ • AREA PROPOSED: \_\_\_\_\_

V. ADDITIONAL INFORMATION:

A. SOIL/SITE EVALUATION

B. PLANNING MATERIALS

The attached checklist details those items that must be addressed under each of these categories.

\_\_\_\_\_  
DESIGNER'S SIGNATURE

\_\_\_\_\_  
LICENSE NO

\_\_\_\_\_  
DATE.

On-Site Sewage Facility License/Application

ON-SITE SEWAGE FACILITIES LAYOUT

(Show where the system is located on your property)

ANY REQUEST FOR AN EXCEPTION TO THE ON-SITE SEWAGE FACILITY CONSTRUCTION STANDARDS MUST BE IN WRITING AND APPROVED BY A CITY OFFICIAL.

AUTHORIZATION IS HEREBY GIVEN TO THE CITY OF BROOKSIDE VILLAGE, THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ), THE TEXAS DEPARTMENT OF HEALTH AND TO THEIR AGENTS, OR DESIGNEES, SINGULARLY OR JOINTLY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY DURING DAYLIGHT HOURS FOR THE PURPOSE OF INSPECTING SEWAGE FACILITIES, FOR ANY REASON CONSISTENT WITH THE WATER QUALITY PROGRAM OF THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY ((TCEQ) AND THE TEXAS DEPARTMENT OF HEALTH. I ACKNOWLEDGE THAT INSPECTION OF THE SEWAGE SYSTEM IS REQUIRED PRIOR TO ALL COMPONENTS BEING COVERED TO REQUEST INSPECTION. A FORTY-EIGHT (48) HOUR ADVANCE NOTICE MUST BE GIVEN TO THE PERMIT DEPARTMENT AT (281) 485-3048.

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT SIGNATURE \_\_\_\_\_  
(PROPERTY OWNER) (DATE)

CITY OFFICIAL SIGNATURE \_\_\_\_\_  
(DATE)