



ENVIRONMENTAL HEALTH

GUADALUPE COUNTY

2605 N. GUADALUPE STREET
SEGUIN, TEXAS 78155-7356

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OFFICE: (830) 303-8858
FAX: (830) 372-3961
MON-FRI 7:30AM – 4:00PM

SHELLY COLEMAN, DIRECTOR

SEPTIC PERMIT CHECKLIST FOR NEW STRUCTURES

1. COMPLETED SEPTIC APPLICATION
2. SITE EVALUATION REPORT *(Performed to determine the soil type and suitability on the site by a site evaluator, registered sanitarian or engineer)*
3. APPROVED 911 ADDRESS *(Obtain from Guadalupe Road & Bridge Department)*
4. ABSTRACT CARD *(Obtain from Guadalupe Appraisal District)*
5. PROOF OF OWNERSHIP *(Recorded deed if different from abstract card)*
6. FULL SET OF HOUSE PLANS
7. DRIVEWAY PERMIT *(Obtain from Guadalupe County Road & Bridge or TXDOT)*
8. SEPTIC AFFIDAVIT *(Only for aerobic systems)*
9. MAINTENANCE CONTRACT *(Only for aerobic systems)*
10. FEE:
 - \$200.00 for Conventional Septic System (\$10.00 TCEQ fee + Septic fee)
 - \$350.00 for Aerobic System (\$10.00 TCEQ fee + Septic fee)
 - \$400.00 for Commercial Septic System (\$10.00 TCEQ fee + Septic fee)

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1. BUILDING PERMIT *(Commercial or multi-family only; issued by County Fire Marshal)*
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ALL DOCUMENTS MUST BE SUBMITTED FOR REVIEW

ALLOW 5-7 WORKING DAYS TO PROCESS APPLICATION

APPLICATION WILL EXPIRE AFTER 1 YEAR OF LICENSE TO CONSTRUCT



APPLICATION FOR PERMIT TO CONSTRUCT AN ON-SITE SEWAGE FACILITY
GUADALUPE COUNTY ENVIRONMENTAL HEALTH

P: 830-303-8858 / F: 830-372-3961

REASON FOR ON-SITE SEWAGE FACILITY:

NEW

REPLACE

Property OwnerName: _____

911 Approved Property Address: _____ City/ST/ZIP: _____

Mailing Address: _____ City/ST/ZIP: _____

Home/Work # (____) _____ / Cell # (____) _____ / Fax # (____) _____

Email address: _____ Gate Code: _____

Subdivision Name: _____ Section #: _____ Block #: _____ Lot #: _____

Abstract #: _____ Survey Name: _____

Acres: _____ / Property Tax ID #: _____ / County Precinct #: _____

Type of Development

Single / Multi Family Residential

Commercial / Institutional Facility

Type of Construction: _____

Type of Facility: _____

Square Footage: _____ Water Saving Devices: _____

Water Saving Devices: _____ / # of Occupants: _____

of Bedrooms: _____ / # of Spaces: _____

of Seats: _____ / # of Beds: _____

Property located in City Limits: _____ / Driveway Permit Issued: _____

Property located in Regulated Floodplain: _____ / House located in Regulated Floodplain: _____

Water Source: _____ / Water Well on Site: _____

of Existing Living Quarters on Property: _____ / # of Operating OSSF on Property: _____

System Type: _____ / Soil Type: _____ / Disposal Area: _____

Tank Size: _____ / Tank Brand: _____ / Gallons per Day (as per TCEQ Table III): _____

Engineer/Designer: _____ / Site Evaluator: _____

Septic Installer: _____ / Septic Installer #: _____

PROVIDE PROOF OF CURRENT LICENSE

I certify that the completed application and all additional information submitted does not contain any false information and does not conceal any material facts. Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities. I also understand that a permit of authorization to construct will not be issued until the septic inspector has performed a site inspection of the property and approved the application and all other documents submitted.

Property Owner Signature: _____ Date: _____