

EVERY SPACE ON THIS APPLICATION IS REQUIRED TO BE FILLED OUT. IF IT IS NOT APPLICABLE THEN YOU MUST PUT N/A IN THE FIELD.

**THE TOWN OF HOLLYWOOD PARK
ON-SITE SEWERAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

PERMIT ~~##~~ _____

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

OWNER'S NAME: _____

COUNTY: Bexar

Professional design required?: Yes No

If yes, professional design attached: Yes No

I. SEWER (House drain):

TYPE AND SIZE OF PIPE: _____ SLOAPE OF SEWER PIPE TO TANK: _____

DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)

WATER SAVING DEVICES: Yes No

II. TREATMENT UNIT:

A. SEPTIC TANK:

- TANK DIMENTIONS _____
- SIZE/VOLUME REQUIRED _____

- LIQUID DEPTH (BOTTOM OF TANK TO OUTLET) _____
- SIZE /VOLUME PROPOSED _____

B. AEROBIC:

- MANUFACTURER _____
- SIZE/VOLUME REQUIRED: _____

- MODEL # _____
- SIZE/VOLUME PROPOSED _____

C. OTHER: _____

(Please attach description)

III. DISPOSAL SYSTEM:

TYPE: _____

- AREA REQUIRED: _____

- AREA PROPOSED: _____

IV. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

- A. SITE EVALUATION
- B. PLANNING MATERIALS

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

DESIGNER'S SIGNATURE

REGISTRATION NO./ EXPIRATION DATE

DATE

___NEW INSTALLATION
___MODIFICATION

THE TOWN OF HOLLYWOOD PARK
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION

PERMIT NUMBER

COUNTY OF INSTALLATION

1. PROPERTY OWNER'S NAME: _____
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: _____
3. TELEPHONE # DURING DAY: () _____
4. SITE ADDRESS: _____
5. LEGAL DESCRIPTION: Sec. Block Lot Date _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: ACREAGE _____ SURVEY _____
6. SOURCE OF WATER: ___PRIVATE WELL ___PUBLIC WATER SUPPLY _____
(Name Of Supplier)
7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms _____ Living Area (ft:2) _____
8. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPES: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS : _____ DAYS OCCUPIED/WEEK: _____
9. SITE EVALUATOR: _____ CERTIFICATION #/EXPDATE = _____
10. DESIGNER: _____ LICENSE # (PE or RS) /EXP DATE: _____
PHONE # : _____
11. INSTALLER: _____ REGISTRATION # /EXP DATE: _____
PHONE # / FAX#: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Town of Hollywood Park 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 the TNRCC's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

12. _____
(Signature of Owner) (Date)