

**GREGG COUNTY HEALTH DEPARTMENT  
APPLICATION FOR ON-SITE SEWAGE FACILITY**

AMOUNT \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_ PERMIT # \_\_\_\_\_

FOR USE BY GREGG COUNTY HEALTH DEPARTMENT ONLY

PROPERTY OWNER'S NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle Initial) (Last) (Date of Birth) (DL#)

MAILING ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(# & Street Name [or] P. O. Box # [or] 911 Address) (City) (Zip)

TELEPHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (and) (Work) (and/or) (Other)

SITE ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(911 Address) (City) (Zip)

**(Address Required)**

**LEGAL DESCRIPTION**

**(As Recorded at Appraisal District)**

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_ Lot Size: \_\_\_\_\_

**OTHER THAN SUBDIVISION:**

Abstract #: \_\_\_\_\_ Survey Name: \_\_\_\_\_ Tract #: \_\_\_\_\_ Section #: \_\_\_\_\_ Acreage: \_\_\_\_\_

**DAILY WATER FLOW**

**MAXIMUM DAILY WATER CONSUMPTION** (Gallons per Day): \_\_\_\_\_  Actual  Estimated  
**(Required)**

**SOURCE OF WATER:**  Private Well  Public Water Supply - Name: \_\_\_\_\_

**SINGLE FAMILY RESIDENCE:** Number of Bedrooms: \_\_\_\_\_ Living Area (Square Feet): \_\_\_\_\_  
**(Required)**

NAME OF BUSINESS \_\_\_\_\_  
COMMERICAL/INSTITUTIONAL (Including Multi-Family Residences) TYPE \_\_\_\_\_  
NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCUPIED PER WEEK: \_\_\_\_\_

DESIGNER: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
(Zip)

INSTALLER: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
(Zip)

I hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of my application. Authorization is hereby given to the **Gregg County Health Department** to enter upon the above-described property for the purpose of lot evaluation and inspection. **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 **TCEQ's "Construction Standards For On-Site Sewage Facilities"**.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)