



# Health Services

101 W. Abram St., 2nd Floor  
Arlington, TX 76010  
817-459-6502

## Fees

Installation .....\$250  
Repair.....\$150  
Real Estate Inspection..\$125

### Health Services Use Only

Receipt / Permit # \_\_\_\_\_ Amount Paid \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

# Application for On-Site Sewage Facility Permit

**ALL FIELDS MUST BE COMPLETED; PRINT MUST BE LEGIBLE.**

Address of Property: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Lot size/acreage \_\_\_\_\_

Property Owner: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(owner phone number)

Water Source:  Private Well  Public Water Supply

Residential: No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

Non-Residential: Type of Business \_\_\_\_\_

Estimated Water Usage: \_\_\_\_\_ Gals/Day Average Number of Users/Day \_\_\_\_\_

Site Evaluator: Name \_\_\_\_\_

TNRCC# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**Attach a copy of the site evaluation and site plan with this application.**

Installer: Name \_\_\_\_\_

TNRCC# \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

PROFESSIONAL DESIGN REQUIRED?:  Yes  No If yes, professional design attached:  Yes  No

Designer Name: \_\_\_\_\_ License Type and No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Other or Fax No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank: \_\_\_\_\_

Treatment tank to disposal system: \_\_\_\_\_

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

Water Saving Devices:  Yes  No

III. TREATMENT UNIT(S):  Septic Tank  Aerobic Unit

A. Tank Dimensions: \_\_\_\_\_ Liquid Depth (bottom of tank to outlet): \_\_\_\_\_

Size Proposed: \_\_\_\_\_ (gal) Manufacturer : \_\_\_\_\_

Material/Model #: \_\_\_\_\_

Pretreatment Tank:  Yes Size: \_\_\_\_\_ (gal)  No  NA

Pump/Lift Tank:  Yes Size: \_\_\_\_\_ (gal)  No  NA

B. Other  Yes  No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: \_\_\_\_\_

Manufacturer and Model: \_\_\_\_\_

Area Proposed : \_\_\_\_\_ square feet

V. ADDITIONAL INFORMATION:

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

A. Soil/Site evaluation B. Planning materials (If Applicable)

**DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT.  
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

SIGNATURE OF INSTALLER OR DESIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_

- \* A permit is required in order to install, construct, alter, extend, repair or operate any on-site sewage facility.
- No permit for installation or repair will be issued for a facility that is within 500 ft of Sanitary Sewer Service without permission from both Health Services and Engineering Services.
- Health Services must review and approve the site plan before the work begins. A signed copy of this application will be returned to the owner to authorize the construction or repair of the system.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date