ECTOR COUNTY DEVELOPMENT SERVICES
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION

PERMIT NUMBER_____

PROPERTY OWNER'S NAME:_____
(Last) (First)

ADDRESS OF WHERE SEPTIC WILL BE INSTALLED:_____

DAYTIME TELEPHONE NO: (_____)_____

CURRENT MAILING ADDRESS:_____

LEGAL DESCRIPTION: Sec.:_____ Block:_____ Lot:_____ Acreage:_____

SUBDIVISION/TOWNSHIP:_____

FLOODPLAIN (contact ECDS office):_____

SOURCE OF WATER: ☐ Private Well Is well pressure cemented? (if yes, documentation is required) ☐ Yes ☐ No

☐ Public Water Supply: _____
(Name of Supplier)

SINGLE FAMILY RESIDENCE: ($250) No. of Bedrooms:_____ Living Area (ft^2): _____

COMMERCIAL/INSTITUTIONAL (other than single-family residence): ($450) TYPE: _____

NO. OF EMPLOYEES/OCCUPANTS/UNITS:_____

SITE EVALUATOR:_____ LICENSE NO.:_____

PHONE NO.:_____

DESIGNER:_____ LICENSE NO. (PE or RS):_____

PHONE NO.:_____

INSTALLER:_____ LICENSE NO.:_____

PHONE NO.:_____

Comments: _____

_____

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.

*If you have questions on how to fill out this form or about the on-site sewage facility program, please contact ECDS at 432-498-4241. Individuals are entitled to request, review and correct their personal information that ECDS gathers on its forms. To review such information, contact ECDS at 432-498-4241. **There are no refunds on submitted applications per TAC 285.21 (e) ***

_____ _____
(SIGNATURE OF OWNER) (DATE)

ON-SITE SEWAGE FACILITY TECHNICAL
INFORMATION FOR PERMIT

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

I. DAILY WASTEWATER USUAGE RATE: Q= _____(gallons/day)

Water Saving Devices: ☐ Yes ☐ No

II. TREATMENT UNIT: ☐ Septic Tank ☐ Aerobic Unit

MANUFACTURER:_____

NUMBER OF TANK(S): _____ SIZE OF TANK(S):_____(gals)

PRETREATMENT TANK: ☐ Yes SIZE:_____(gal) ☐ No

PUMP/LIFT STATION: ☐ Yes SIZE:_____(gal) ☐ No

OTHER:_____
(Please attach description)

III. DISPOSAL SYSTEM: ☐ Leaching Chambers ☐ Pipe & Gravel ☐ Other:_____

Is this a Soil Substitution? ☐ Yes ☐ No

AREA REQUIRED:_____ AREA PROPOSED:_____

(Sewage Flow) ÷ (Absorption Rate) ÷ (Absorptive Area) × (0.6[leaching chamber efficiency]) = trench length
Q ***Ra*** ***AA*** ***ELC*** ***L***

_____divided by_____divided by_____multiplied by 0.6**= _____ Ft
Q ***Ra*** ***AA*** ***ELC*** ***L***

_____divided by_____ = _____ *Use 0.75 if claiming water saving devices.*
Ft ***length of panel*** ***# of panels***

***** Note: Do Not Multiply by 0.6 if doing a soil substitution.***
For soil substitution, you may use the formula: Q/Ra=A; Then, L=(A-2W)/W+2; The design must have 2 feet of good soil on all sides and beneath the panels but, W must be considered from one panel end to the other.

Additional Information
NOTE – THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

1. Soil/Site Evaluation 2. Design Septic on lot or tract

_____ _____ _____
INSTALLER OR DESIGNER'S SIGNATURE LICENSE NO. DATE