

APPLICATION FOR ON-SITE SEWAGE FACILITY

PROPERTY OWNER: NAME _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____

SITE ADDRESS _____

APPLICATION IS FOR: _____ Permit to Construct New System _____ Certificate Required by Lending Agency
_____ License to Operate _____ System Located Within City of Corpus Christi
_____ Modification of Existing System _____ System Located in Unincorporated Area of Nueces County
Is an organized sewage collection system within 300 feet? _____ YES _____ NO

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____

OTHER THAN SUBDIVISION ACRES _____ SURVEY _____ VOL/PAGE _____

INSTALLER: _____ CELL #: _____ LICENSE NUMBER _____

DESIGNER: _____ CELL #: _____ REGISTRATION NUMBER _____

SYSTEM TO SERVE:

_____ SINGLE FAMILY RESIDENCE / NO. BEDROOMS _____ RESIDENCE SIZE _____ SQ. FT.

_____ COMMERCIAL FACILITY / TYPE _____ MAP TO LOCATE SYSTEM _____

BLDG SIZE _____ SQ. FT. ESTIMATED DAILY WATER USE _____ G.P.D.

LOT SIZE _____ ACRES

SOURCE OF WATER: PRIVATE WELL _____ PUBLIC SUPPLY _____ WATER SERVICE COMPANY _____

*Application fee: City, Residential/Commercial \$200.00 CHECKS MADE PAYABLE TO: CITY OF CORPUS CHRISTI
County Residential \$160.00 County Commercial \$200.00 CHECKS MADE PAYABLE TO: NUECES COUNTY*

APPLICANT IS REQUIRED TO SUBMIT THE FOLLOWING WITH APPLICATION:

TYPE OF DISPOSAL SYSTEM (circle): Pumped Effluent - Standard Trenches/Beds - Surface Application - Low Pressure - Absorptive
Other _____

DESCRIPTION OF SYSTEM:

Describe type and size of proposed system _____

Disposal Area (Lnr/Sq. Ft) _____ Trench Length _____ Width _____ Depth _____

Tank Size: Aerobic _____ Trash Tank _____ Pump Tank _____ Septic Tank _____ #Tank Compartments _____

Tank Manufacturer: _____ Tank Material _____

Distributor _____ Brand _____ Model # _____ Serial # _____

Pump Model # _____ Pump Serial # _____ Pump Size _____ hp

In making this application, the applicant/owner agrees to comply with all state and local rules, ordinances, standards and laws pertaining to on-site sewage disposal facilities.

Property Owner / Applicant's Signature _____

Date _____

FOR OFFICIAL USE ONLY: FEE _____ REC'D BY _____ DATE _____ CHECK NO. _____

APPLICATION NUMBER: _____

PERMIT TO CONSTRUCT APPROVED BY _____ DATE _____

LICENSE TO OPERATE APPROVED BY _____ DATE _____