

**ORANGE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT  
APPLICATION FOR ON-SITE SEWAGE FACILITY**

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

FOR USE BY ORANGE COUNTY HEALTH DEPARTMENT ONLY

PROPERTY OWNER'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

MAILING ADDRESS: \_\_\_\_\_  
(Street # & Name (or) P.O. Box #) (or) Route # & Box #) (City) (Zip)

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

SITE ADDRESS: \_\_\_\_\_  
(# & Street Name (or) Box # & Name of Road (or) 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

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

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

NAME OF BUSINESS \_\_\_\_\_

COMMERCIAL/INSTITUTIONAL (Including Multi-Family Residences) TYPE \_\_\_\_\_

NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_

DESIGNER: \_\_\_\_\_ REGISTRATION NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

INSTALLER: \_\_\_\_\_ REGISTRATION NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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 or in revocation of any permit issued as a result of this application. Authorization is hereby given to the Orange County Environmental 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 Standards for On-Site Sewage Facilities.

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

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