

LAVACA COUNTY PERMIT & INSPECTION DEPARTMENT

P.O. Box 243

109 N. LaGrange

Hallettsville, Texas 77964

Email: nailener@co.lavaca.tx.us (361) 798-5310 / (361) 798-5490 fax

APPLICATION FOR ON-SITE SEWAGE SYSTEM FACILITY

New Construction and Alteration

RECEIPT # _____ ISSUED _____ PERMIT # _____ ISSUED _____

APPLICANT'S NAME _____

MAILING ADDRESS _____

(number and street or P.O. box)

(city)

(zip)

(home phone)

(work phone)

PROPERTY DESCRIPTION

PHYSICAL ADDRESS _____

LEGAL DESCRIPTION _____

(include lot size and/or acreage)

WATER SUPPLY

IF PUBLIC WATER SUPPLY _____

(name of water system)

IF PRIVATE WELL () existing () proposed CASING CEMENTED () yes () no

FACILITY INFORMATION

() NEW () EXISTING () RESIDENTIAL () SINGLE FAMILY () MULTI FAMILY

_____ sq.ft. of structure _____ number of bedrooms water saving devices? ____ yes ____ no

() COMMERCIAL

(type of business)

(# of persons served)

DESIGNED FOR _____ GALLONS PER DAY

TYPE OF SYSTEM TO BE INSTALLED:

Permit Fees: \$325 Commercial Aerobic (includes M.C. fee) \$300 Commercial all other systems

\$275 Aerobic (includes \$25 M.C. Fee) \$250 all other systems

() SURFACE APPLICATION () PUMPED EFFLUENT () LOW PRESSURE DOSING () STANDARD

() DRIP IRRIGATION _____ FT. () OTHER _____

SITE EVALUATOR

(name, license #, email and phone #)

SYSTEM DESIGNER

(name, license #, email and phone #)

SYSTEM INSTALLER

(name, license #, email and phone #)

AUTHORIZATION IS HEREBY GIVEN TO LAVACA COUNTY, TEXAS AND TO ITS AGENTS, OR DESIGNEES, SINGULARLY OR JOINTLY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY DURING DAYLIGHT HOURS FOR THE PURPOSE OF INSPECTION OF SEWAGE FACILITIES.

(Signature of Property Owner)

(Date)