

**Jim Wells County Safety and Inspection Dept.
 (361) 668-1018 Fax (361) 668-1653
 ON-SITE SEWAGE FACILITY APPLICATION**

Print Only:

Property Owner: Name _____
 (Last) (First) (Middle)

Mailing Address: _____ Zip _____ Phone () _____
 City/State

Site Address: _____ Zip _____ Lat. _____ Long. _____
 City/State

Application: New System Modification With Water Softener Metes and Bounds

Legal Description: Lot: _____ Block: _____ Unit: _____ Subdivision: _____ Plat Date: _____

Other Than Subdivision: Acreage: _____ Survey Name: _____ Vol: _____ Page: _____

Installer: _____ License # _____ Phone () _____

Designer/Site Evaluator: _____ License # _____ Phone () _____

1. Drawings showing location and dimensions of site, location, type, sizes, separation distance and layout dimensions of proposed system component, type of soil _____ Show location of water wells including neighboring wells.

Source of Water: Private Well Community Well Public Water Supply: _____
 (Name of Supplier)

Description of system:

Grave-less _____ Ft. E-Z Flow _____ Ft. MPS-11 _____ Ft. MPS-13 _____ Ft. Chamber _____ Ft.
 LPD or Pump Effluent _____ Ft. Standard Gravel _____ Ft. Other: _____

System to Serve:

Single Family Residence: No. of Bedrooms: _____ G.P.D. / Q = _____ Living Area (ft.) _____ Sq. Ft.

Commercial/Institutional (including multi-family residences) G.P.D. / Q = _____ Type: _____ Sq. Ft.

No. of Employees/Occupants/Units: _____ Day Occupied per week: _____ Lot size _____ Acres

Flood Zone: Yes No.

The Site lies in the 100 yrs flood plain zone: _____, Community panel Number 481258- _____, the owner of the system is hereby advised to leave all tanks associated with the system filled with liquid to avoid damage if the site is inundated by flood waters. The use of the system should be discontinued during time the effluent disposal area is covered with water.

Applicant is required to submit a Non-Refundable Application Fee: \$260.00

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. Authorization is hereby given to the Jim Wells County Safety Dept. to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility. After final inspection a permit to operate the facility will be granted, which indicates that the system was installed in compliance with the county adopted T.C.E.Q On-Site Sewage Facility Rules TAC 30, Chapter 285.

Date: _____

Property Owner/Applicants Signature _____

For official use only: Fee: _____	Rec'd by: _____	Date: _____	Check #: _____
After Hours/Holiday Inspection Fee: _____	Rec'd by: _____	Date: _____	Check #: _____
Ossf Rec. # _____	After Hours Ossf Rec. # _____	Permit No. _____	
Permit to Construct Approved By: _____		Date: _____	
Inspector			
Permit to Operate Approved By: _____		Date: _____	
Inspector			