GILLESPIE COUNTY
Permit Application for On-Site Sewage Facility
(Permit application is good for 1 year from purchase date.)

Permit # _____   Date: _____   Fee: _____

Reason For Permit (Circle one):   New Construction   System Replacement   System Repair

Name of Landowner: _____, _____, ____
(Last Name or Entity)   (First Name)   (MI)

Mailing Address: _____, _____, _____
(House # and Street Name/or PO Box)   (City & State)   (Zip Code)

Daytime Phone Number(s): _____   **Cell Number(s):** _____

***Email Mandatory _____

Physical Address/Location of new Septic System: _____
(House # & Street Name)

_____, _____*****GATE CODE:** _____
(City & State)   (Zip Code)

Legal Description: Gillespie CAD Property ID #:_____ Volume_____ Page____ **Instrument#**_____

○ **Subdivision Name:** _____ **Lot#:** _____ **Blk** _____ **Phase**_____ **Tract**_____
or
○ **Abstract:** _____   **Survey Name and # :** _____

Total Acreage: _____ ☐ **Private Well** ☐ **Public Well** (Supplier's Name): _____

Name & License # of person installing the Septic System: _____ **OS#**_____

Email: _____   **Cell #:**_____

Information on a Single Family Residence: ☐ **House**   ☐ **Mobile Home**   ☐ **Manufactured**
Total Square Footage of Living Area: ☐**<1500** ☐**<2500** ☐**<3500** ☐**<4500 or**☐_____
# of bedrooms_____, **# of bathrooms** (Full) _____(Half) _____. Does it have or will it have water
saving devices such as low flush toilets, reduced flow shower heads or faucets, pressure reducing
valves and/or faucet aerators: <u>Y</u> or <u>N</u>   Water Softener (Demand Initiated Regeneration): <u>Y</u> or <u>N</u>
Is the water softener plumbed separate from the OSSF: <u>Y</u> or <u>N</u>

Information on a Non-Single Family Residence or Commercial/Institutional Facility (including Multi-Family
residences) Describe usage:_____
_____
_____

*I certify that the above statements are true and correct to the best of my knowledge. Authorization is
hereby given to Gillespie County OSSF Department to enter upon the above described property for
the purpose of soil/site evaluation and investigation of an on-site sewage facility.*

_____   _____
(Signature of Landowner)   **(Date)**

Office Use Only: Q:
  Daily wastewater usage rate: Q=_____(gallons/day)
        ☐ Site Evaluation
        ☐ Planning Materials submitted by: ☐Installer ☐P.E. ☐R.S.
        ☐ Development Plans required for Subdivisions, Manufactured Housing Communities,
            Multi-Unit Residential Development, Business Parks, or other similar uses (i.e. B&B
            Rental, R.V. Park)
        ☐ Floodplain and/or ☐ Development Permit   #_____
            For Aerobic Treatment units and non-standard treatment (if applicable):
                ☐ Affidavit to the Public
                ☐ Two-year Maintenance Contract
    ☐ **AUTHORIZATION to CONSTRUCT**
        DR:_____ DATE:_____