



GILLESPIE COUNTY

Permit Application for On-Site Sewage Facility

(Permit application is good for 1 year from purchase date.)

Office Use Only:

Permit # _____ Date: _____ Fee: _____

Required Fields - DO NOT LEAVE ANY FIELDS BLANK

Reason For Permit: ☐ New Construction ☐ System Repair/Alteration/Modification _____

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): _____ and/or Cell Number(s): _____

Email Address: _____

Physical Address/Location of new Septic System: _____
(House # & Street Name)
*** GATE CODE: _____
(City & State) (Zip Code)

Legal Description: GCAD Property ID #: _____ Vol. _____ Page _____ Instrument# _____

☐ Subdivision Name: _____ Lot/Tract#: _____ Phase: _____

or

☐ Abstract: _____ Survey Name and # : _____

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

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

Email: _____ Cell #: _____

Information on a Single Family Residence: ☐ House ☐ Manufactured Home (Type: _____)

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?: ☐ Y ☐ N Water Softener(Demand Initiated Regeneration): ☐ Y ☐ N

Is the water softener plumbed separate from the OSSF?: ☐ Y ☐ N

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:

Daily wastewater usage rate: Q= _____ (gallons/day)

Q:

☐ 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)

☐ 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: _____