



<b>EPC USE ONLY</b>	
Application No. _____	
Received By _____	Date _____

**PERMIT APPLICATION**  
**FOR AN ON-SITE SEWAGE FACILITY**  
**CONSTRUCTION PERMIT AND LICENSE TO OPERATE**

Property Owner's Name _____			
Last	First	MI	
Permanent Mailing Address _____			
Street No./P.O. Box Number _____			
City _____		State _____	Zip _____
Telephone No. _____	Home _____	Business _____	At Property _____
Site Address _____			
Number _____	Street _____	City _____	Zip _____
Lot _____	Block _____	Subdivision _____	Section _____
Recorded Date _____	Tract _____	Unit _____	
If other than Subdivision: _____			
Acreage _____	Survey _____	(Vol/Page Date) _____	

**1. Purpose:** New Construction, Alteration, Reparation, or Extension: Specify: \_\_\_\_\_  
**Existing System on Lot:** Yes \_\_\_\_\_ No \_\_\_\_\_ **File Number** \_\_\_\_\_

**2. Installer's Name** \_\_\_\_\_ **Registration No.** \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_

**3. General Information:**  
 Subdivision Lot Size \_\_\_\_\_ Incorporated Entity \_\_\_\_\_ Unincorporated Entity \_\_\_\_\_

Single Family Residence: No. of Bedrooms \_\_\_\_\_ Sq. ft. of Structure \_\_\_\_\_ vacant lot \_\_\_\_\_

Commercial/Institutional Operation \_\_\_\_\_ # employees \_\_\_\_\_

Water Supply:  Private Well  Public Well \_\_\_\_\_  Other \_\_\_\_\_

**4. Technical Information:** \_\_\_\_\_ (supplier)  
 Wastewater usage \_\_\_\_\_ gallons per day (GPD)

Treatment Unit \_\_\_\_\_ Gallon size \_\_\_\_\_ Mgf \_\_\_\_\_ Other \_\_\_\_\_

Disposal System Type \_\_\_\_\_

Standard \_\_\_\_\_ Non-Standard \_\_\_\_\_ Proprietary \_\_\_\_\_

**5. Application:**

The foregoing information has been submitted to El Paso County in accordance with El Paso County, Texas – Sewage Facility Order. This information is correct and true to the best of my knowledge. I understand that the issuance of a Permit to Construct (PTC) does not relieve me from the responsibilities of complying with all applicable provisions of the El Paso County, Texas – Sewage Facility Order and 30 TAC-Chapter 285 OSSF Rule.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Installer: I have reviewed and discussed the contents of this application with the applicant and, to the best of my knowledge, this information is correct and true.**

Signature \_\_\_\_\_ Reg # \_\_\_\_\_ Date \_\_\_\_\_

State of Texas

County of El Paso

\_\_\_\_\_, personally appeared before me, and being first designated, (Property Owner) if any further states they have read the application in the capacity of the statements therein contain are true.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public Signature \_\_\_\_\_

**For County Clerk and El Paso County use only.**

**Residential:**

<i>Permit Fee</i>	<i>State Fee</i>		<i>Date</i>	<i>Receipt #</i>	<i>Rec'd By</i>
_____ \$180.00	_____ \$10.00	<b>TOTAL: \$190.00</b>	_____	_____	_____

**Commercial/Institutional:**

_____ \$500.00	_____ \$10.00	<b>TOTAL: \$510.00</b>	_____	_____	_____
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**Other FEES:**

___ Change Certificate from Res.to Non	<b>TOTAL: \$ 320.00</b>	_____	_____	_____
___ Vacant Lot Re- Inspection Fee	<b>TOTAL: \$ 25.00</b>	_____	_____	_____
___ Residential Re- Inspection Fee	<b>TOTAL: \$ 95.00</b>	_____	_____	_____
___ Non-Residential Re Inspection Fee	<b>TOTAL: \$ 255.00</b>	_____	_____	_____

**NOTE: Upon issuance of Permit to Construct (PTC), the PTC shall be valid one calendar year from date of issuance. If the PTC expires, a new application shall be submitted and permit fee must be paid. The installer shall be dully registered by the State of Texas and comply with all applicable rules and regulations as stated in the El Paso County-Sewage Facility Order and Texas Health and Safety Code, Chapter 366 On-Site Sewage Facilities and 30 TAC Chapter 285 OSSF Rules. All fees paid to the County Clerk are non-refundable in accordance with the El Paso County-Sewage Order – Section 11 Collection of Fees For Additional Information Contact the On-Site Sewage Facilities Program At 14612 Greg Dr., El Paso, Texas (915)855-9664 Fax: (915) 855-9678**