

**\*\*\* COMAL COUNTY OFFICE OF ENVIRONMENTAL HEALTH \*\*\***

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

Date \_\_\_\_\_ Permit # \_\_\_\_\_

Owner Name \_\_\_\_\_ Agent Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Agent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

All correspondence should be sent to:  Owner  Agent  Both Method:  Mail  Email

Subdivision Name \_\_\_\_\_ Unit \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
Acreage/Legal \_\_\_\_\_  
Street Name/Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Type of Development:**

Single Family Residential

Type of Construction (House, Mobile, RV, Etc.) \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Indicate Sq Ft of Living Area \_\_\_\_\_

Commercial or Institutional Facility

(Planning materials must show adequate land area for doubling the required land needed for treatment units and disposal area)

Type of Facility \_\_\_\_\_

Offices, Factories, Churches, Schools, Parks, Etc. - Indicate Number Of Occupants \_\_\_\_\_

Restaurants, Lounges, Theaters - Indicate Number of Seats \_\_\_\_\_

Hotel, Motel, Hospital, Nursing Home - Indicate Number of Beds \_\_\_\_\_

Travel Trailer/RV Parks - Indicate Number of Spaces \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Estimated Cost of Construction: \$ \_\_\_\_\_ (Structure Only)

Is any portion of the proposed OSSF located in the United States Army Corps of Engineers (USACE) flowage easement?

Yes  No

(If yes, owner must provide approval from USACE for proposed OSSF improvements within the USACE flowage easement)

Source of Water  Public  Private Well

Are Water Saving Devices Being Utilized Within the Residence?  Yes  No

I certify that the completed application and all additional information submitted does not contain any false information and does not conceal any material facts. Authorization is hereby given to the permitting authority and designated agents to enter upon the above described property for the purpose of site/soil evaluation and inspection of private sewage facilities. I also understand that a permit of authorization to construct will not be issued until the Floodplain Administrator has performed the reviews required by the Comal County Flood Damage Prevention Order.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

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Planning Materials & Site Evaluation as Required Completed By \_\_\_\_\_

System Description \_\_\_\_\_

Size of Septic System Required Based on Planning Materials & Soil Evaluation

Tank Size(s) (Gallons) \_\_\_\_\_ Absorption/Application Area (Sq Ft) \_\_\_\_\_

Gallons Per Day (As Per TCEQ Table III) \_\_\_\_\_

(Sites generating more than 5000 gallons per day are required to obtain a permit through TCEQ.)

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Is the property located over the Edwards Recharge Zone?  Yes  No

(If yes, the planning materials must be completed by a Registered Sanitarian (R.S.) or Professional Engineer (P.E.))

Is there an existing TCEQ approved WPAP for the property?  Yes  No

(If yes, the R.S. or P.E. shall certify that the OSSF design complies with all provisions of the existing WPAP.)

If there is no existing WPAP, does the proposed development activity require a TCEQ approved WPAP?  Yes  No

(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed WPAP. A Permit to Construct will not be issued for the proposed OSSF until the proposed WPAP has been approved by the appropriate regional office.)

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Is the property located over the Edwards Contributing Zone?  Yes  No

Is there an existing TCEQ approval CZP for the property?  Yes  No

(If yes, the P.E. or R.S. shall certify that the OSSF design complies with all provisions of the existing CZP.)

If there is no existing CZP, does the proposed development activity require a TCEQ approved CZP?  Yes  No

(If yes, the R.S. or P.E. shall certify that the OSSF design will comply with all provisions of the proposed CZP. A Permit to Construct will not be issued for the proposed OSSF until the CZP has been approved by the appropriate regional office.)

Is this property within an incorporated city?  Yes  No

If yes, indicate the city:

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I certify that the information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Designer

\_\_\_\_\_  
Date