



**Corpus Christi – Nueces County Public Health District
Environmental & Consumer Health Services Division
1702 Horne Rd, Corpus Christi, Texas 78416
Main Office: (361)826-7222**



APPLICATION FOR ON-SITE SEWAGE FACILITY

PROPERTY OWNER: NAME _____
 MAILING ADDRESS _____
 TELEPHONE NUMBER _____
 SITE ADDRESS _____

APPLICATION IS FOR: _____ Permit to Construct a New System _____ Certificate Required by Lending Agency
 _____ License to Operate _____ System Located Within City of Corpus Christi
 Is an organized sewage collection system within 1000 feet? _____ Yes _____ No

LEGAL DESCRIPTION: LOT _____ BLOCK _____ SUBDIVISION _____
 OTHER THAN SUBDIVISION ACRES _____ SURVEY _____ VOL/PAGE _____

INSTALLER: _____ CELL #: _____ LICENSE NUMBER _____

DESIGNER: _____ CELL #: _____ REGISTRATION NUMBER _____

SYSTEM TO SERVE:
 _____ SINGLE FAMILY RESIDENCE / NO. BEDROOMS _____ RESIDENCE SIZE _____ SQ. FT.
 _____ COMMERCIAL FACILITY / TYPE _____ MAP TO LOCATE SYSTEM _____
 BLDG SIZE _____ SQ. FT. ESTIMATED DAILY WATER USE _____ G.P.D.
 LOT SIZE _____ ACRES
 SOURCE OF WATER: PRIVATE WELL _____ PUBLIC SUPPLY _____ WATER SERVICE COMPANY _____

Application fee: \$500 for all locations CHECKS MADE PAYABLE TO: CITY OF CORPUS CHRISTI

APPLICANT IS REQUIRED TO SUBMIT THE FOLLOWING WITH APPLICATION

TYPE OF DISPOSAL SYSTEM (circle): Pumped Effluent - Standard Trenches/Beds - Surface Application - Low Pressure - Absorptive
 Other _____

DESCRIPTION OF SYSTEM:
 Describe typed and size of proposed system _____

Disposal Area (Lnr/Sq. Ft) _____ Trench Length _____ Width _____ Depth _____
 Tank Size: Aerobic _____ Trash Tank _____ Pump Tank _____ Septic Tank _____ #Tank Compartments _____
 Tank Manufacturer: _____ Tank Material _____
 Distributor _____ Brand _____ Model # _____ Serial # _____
 Pump Model # _____ Pump Serial # _____ Pump Size _____ hp

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.
 To include 30 Texas Administration Code 285.31, selection criteria for treatment of disposal systems – (2) Flood Hazard.

 Property Owner / Applicant's Signature Date

FOR OFFICIAL USE ONLY:	FEE _____	REC'D BY _____	DATE _____	CHECK NO. _____
APPLICATION NUMBER:	_____	SE NUMBER:	_____	
PERMIT TO CONSTRUCT APPROVED BY	_____	DATE	_____	
LICENSE TO OPERATE APPROVED BY	_____	DATE	_____	