



Corpus Christi–Nueces County Public Health District
Environmental & Consumer Health Services
 1702 Horne Rd, Corpus Christi TX 78416
 Main Office Phone: 361-826-7223
 Email: EandCHServices@corpuschristitx.gov



Application For On-Site Sewage Facility

PROPERTY OWNER: NAME: _____
 MAILING ADDRESS: _____
 TELEPHONE #: _____
 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

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

INSTALLER: _____ CELL #: _____ LICENSE # _____

EMAIL: _____

DESIGNER: _____ CELL #: _____ LICENSE # _____

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 type 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 OFFICE USE ONLY: FEE _____	REC'D BY _____	DATE _____	CHECK NO. _____
APPLICATION: _____	SE #: _____		
PERMIT TO CONSTRUCT APPROVED BY _____		DATE _____	
LICENSE TO OPERATED APPROVED BY _____		DATE _____	