

**REPAIR APPLICATION FOR ON-SITE
SEWAGE FACILITY PERMIT**



PERMIT# _____ R
 BLDG. PERMIT#: _____
 RECEIPT#: _____
 LICENSE FEE: \$ _____

For Use By County Administrator			
DR NAME: _____	DR #: _____		
DATE GREEN TAG REL. _____	INITIAL: _____		
CIRCLE ONE: _____	APPROVED	DENIED	

ORIGINAL #: _____

DEPARTMENT OF DEVELOPMENT ENVIRONMENT SERVICES

The undersigned applicant hereby makes application for permit to construct, alter, repair, or operate an on-site sewage facility in Ellis County, Texas. Construction must be complete within one year from this date or the application becomes invalid.

Homeowner's Name: _____
 (Last) (First) (MI) (Phone)

Driver's License #: _____ State Issued: _____ Date of Birth: _____

Mailing Address: _____
 (Number & Street) (City) (Zip)

Address of Property: _____
 (Number & Street) (City) (Zip)

If located in a subdivision: _____
 (Name of Subdivision) (Phase) (Block) (Lot)

Water Supplier (If individual well, show location and depth): _____ Property Size: _____

Proposed use of property (circle one): Single Family Mobile Home Commercial

No of Bedrooms _____ Bathrooms: _____ Occupants _____ Bldg. Size: _____ sq. ft.

Applicant or Installer must submit the following within 72 hours: A detailed description of the methods and materials used in the repair, and a drawing by the Installer of the existing system and highlight the repairs.

Name of Registered Sanitarian or Registered P.E.: _____

Name of Installer: _____ Installer License #: _____ Exp. Date: _____

Installer Phone Number: _____ Brand Name _____

Reason for Repair _____

Authorization hereby is given to Ellis County, Texas Department of Development, Texas Commission on Environmental Quality Commission, and their agents or designees, to enter upon the above described property during daylight hours for the purpose inspecting on-site sewage facilities, or for any reason consistent with the water quality program of the county and state. Applicant further understands that satisfactory performance cannot be guaranteed because of the many variables involved. Ellis County assumes no liability for the satisfactory operation of the applicant's system.

Applicant acknowledges that inspection of the septic system is required proper to all components being covered. Twenty-fourth (24) hours in advance notice must be given to the Department of Development at (972) 825-5200 when requesting an inspection. Saturdays, Sundays, and legal holidays do no constitute part of the notice.

SIGNATURE OF HOMEOWNER

DATE