



Address: 725 SE John Jones Dr., Burleson, TX 76028

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APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION

1. IS THIS BUILDING: (choose one) New Existing BUILDING USE: _____
Employees _____ # of Buildings _____ Building Square Feet (ea) _____

2. PROPERTY OWNER'S NAME: _____

3. CURRENT MAILING ADDRESS: _____

4. HOME PHONE #: _____ OTHER #: _____

5. 911 SITE ADDRESS: _____

6. PROPERTY LEGAL DESCRIPTION: _____

Acreage: _____ Plat Date: _____ Subdivision name (if applicable): _____

PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION

7. DIRECTIONS TO SITE _____

8. SOURCE OF WATER: Private Well Public Water Supply

9. SINGLE FAMILY RESIDENCE: No. of Bedrooms: _____ Living Area (ft²): _____

10. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: _____

Business/Institution Name: _____

Responsible Official: _____ # of Employees/Units: _____

11. SITE EVALUATOR: _____ LICENSE #: _____

Phone #: _____ Other #: _____

Mailing Address: _____

12. INSTALLER: _____ LICENSE #: _____

Phone #: _____ Other #: _____

Mailing Address: _____

13. **FLOODPLAIN/FLOODWAY** –Refer to FEMA flood [map](#)

Is any part of the property within the Federal Emergency Management Agency (FEMA) 100-year Floodplain? Yes No

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

SIGNATURE OF OWNER: _____ **DATE:** _____

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

CITY OF BURLESON ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED?: Yes No **If yes, professional design attached:** Yes No

Designer Name: _____ License Type and #: _____

Phone #: _____ Other #: _____

Mailing Address

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank: _____

Treatment tank to disposal system: _____

II. DAILY WASTEWATER USAGE RATE: Q= (gallons/day) _____

Water Saving Devices: Yes No

III. TREATMENT UNIT(S): Septic Tank Aerobic Unit

a) Tank Dimensions: _____ Liquid Depth (bottom of tank to outlet): _____

i) Size Proposed (gal): _____ Manufacturer : _____

Material/Model #: _____

ii) Pretreatment Tank : Yes SIZE (gal): No NA

Pump/Lift Tank : Yes SIZE (gal): No NA

b) **OTHER** Yes No (If yes, please attach description.)

IV. DISPOSAL SYSTEM:

Disposal Type: _____

Manufacturer and Model:

Area Proposed (square feet):

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. Soil/Site evaluation **B.** Planning materials (If Applicable)

***DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.***

SIGNATURE OF INSTALLER OR DESIGNER: _____ **DATE:** _____

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 817-426-9635. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected.

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