



EPC USE ONLY	
Application No. _____	
Received By _____	Date _____

PERMIT APPLICATION
FOR AN ON-SITE SEWAGE FACILITY
CONSTRUCTION PERMIT AND LICENSE TO OPERATE

Property Owner's Name _____			
Last	First	MI	
Permanent Mailing Address _____			
Street No./P.O. Box Number			
City _____		State	Zip _____
Telephone No. _____	Home	Business	At Property
Site Address _____			
Number	Street	City	Zip
Lot _____	Block	Subdivision	Section _____
Recorded Date _____	Tract	Unit	
If other than Subdivision: _____			
Acreage	Survey	(Vol/Page Date)	

1. **Purpose:** New Construction, Alteration, Reparation, or Extension: Specify: _____
Existing System on Lot: Yes _____ No _____ **File Number** _____
2. **Installer's Name** _____ **Registration No.** _____ Expires ____/____/____
3. **General Information:**
Subdivision Lot Size _____ Incorporated Entity _____ Unincorporated Entity _____
Single Family Residence: No. of Bedrooms _____ Sq. ft. of Structure _____ vacant lot ____
Commercial/Institutional Operation _____ # employees _____
Water Supply: Private Well Public Well _____ Other _____
4. **Technical Information:** (supplier)
Wastewater usage _____ gallons per day (GPD)
Treatment Unit _____ Gallon size _____ Mgf _____ Other _____
Disposal System Type _____
Standard _____ Non-Standard _____ Proprietary _____

5. Application:

The foregoing information has been submitted to El Paso County in accordance with El Paso County, Texas – Sewage Facility Order. This information is correct and true to the best of my knowledge. I understand that the issuance of a Permit to Construct (PTC) does not relieve me from the responsibilities of complying with all applicable provisions of the El Paso County, Texas – Sewage Facility Order and 30 TAC-Chapter 285 OSSF Rule.

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

Applicant’s Signature: _____ Date: _____

Installer: I have reviewed and discussed the contents of this application with the applicant and, to the best of my knowledge, this information is correct and true.

Signature _____ Reg # _____ Date _____

State of Texas

County of El Paso

_____, personally appeared before me, and being first designated, (Property Owner) if any further states they have read the application in the capacity of the statements therein contain are true.

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public Signature _____

For County Clerk and El Paso County use only.

Residential:

<i>Permit Fee</i>	<i>State Fee</i>	TOTAL:	Date	Receipt #	Rec'd By
_____ \$180.00	_____ \$10.00	TOTAL: \$190.00	_____	_____	_____

Commercial/Institutional:

_____ \$500.00	_____ \$10.00	TOTAL: \$510.00	_____	_____	_____
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Other FEES:

_____ Follow up Inspection Fee	TOTAL: \$ 75.00	_____	_____	_____
_____ 2 nd Follow up Inspection Fee	TOTAL: \$ 75.00	_____	_____	_____
_____ 3 rd Follow up Inspection Fee	TOTAL: \$ 75.00	_____	_____	_____

NOTE: Upon issuance of Permit to Construct (PTC), the PTC shall be valid one calendar year from date of issuance. If the PTC expires, a new application shall be submitted and permit fee must be paid. The installer shall be dully registered by the State of Texas and comply with all applicable rules and regulations as stated in the El Paso County-Sewage Facility Order and Texas Health and Safety Code, Chapter 366 On-Site Sewage Facilities and 30 TAC Chapter 285 OSSF Rules. All fees paid to the County Clerk are non-refundable in accordance with the El Paso County-Sewage Order – Section 11 Collection of Fees For Additional Information Contact the On-Site Sewage Facilities Program At 14612 Greg Dr., El Paso, Texas (915)855-9664 Fax: (915) 855-9678