



ON-SITE SEWAGE FACILITY PERMIT APPLICATION
Brazos County Health District

201 N Texas Ave, Bryan, TX 77803
(979) 361-4450 • Fax (979) 361-5759 • www.brazoshealth.org

This application will expire one year from the application date.
If final inspection not completed, a new permit fee is required.
No fee refunds once Authorization to Construct has been issued.

Permit Number

- \$400 Residential
- \$500 Commercial
- \$100 Alteration

Property Owner _____ Phone _____ Email _____

Mailing Address _____ City/State/Zip _____

Site Address _____ City/State/Zip _____

9-1-1 Address _____ City/State/Zip _____

Legal Description: Abstract/Subdivision _____ Phase _____ Block _____ Lot/Tract _____

Residential: # of Bedrooms _____ Heated Sq. Ft Area _____ Daily Wastewater Usage _____ GPD Acres _____ Swimming Pool: Yes No

Construction Type: New Existing Site Built Manufactured Home Duplex Residential Accessory Structure w/plumbing

Commercial: New Existing Heated Sq. Ft Area _____ # of Employees/guests per day _____ Kitchen Yes No

Commercial Office Commercial Manufacture or Shop Institutional Food Establishment Multi Unit Residential Convenience Store

RV/Manufactured Housing Park of # Spaces _____ Other: _____

Property is within Incorporated limits or ETJ of Bryan College Station Kurten Wixon Valley Unincorporated Area Brazos County

OSSF DESIGNER _____ Reg# _____ Email _____

SITE EVALUATOR _____ Reg# _____ Email _____

OSSF INSTALLER _____ Reg# _____ Email _____

Water Supply Private Well Public Water (Name of PWS) _____ Water Saving Devices: Yes No

Well Log or Plugging Reports Required? Yes No Adjoined Lots Affidavit Required? Yes No ATU Affidavit Required? Yes No

Flood Plain Info: Floodplain Permit # _____ or Exemption Form (Include Copy of Floodplain Permit or Exemption Form)

Treatment: Primary/Septic Secondary/Aerobic Disposal Method: Surface Irrigation Drip Emitter Low Pressure Dosing ET Bed

Conventional Graveless Pipe Multi Pipe Leaching Chamber Other: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Authorized Agent to enter upon the above described property for the purpose of evaluation of the site prior to approval of planning materials and for inspection of the OSSF. I also acknowledge that inspection of the OSSF is required prior to all components being covered and prior to any use of the system.

Signature of Owner _____ Printed Name _____ Date _____

PERMITTING AUTHORITY USE ONLY BELOW THIS LINE

OSSF APPLICATION: APPROVED DENIED DATE _____ TCEQ DR: _____ LIC# OS _____

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Authorization To Construct (ATC) Issued Notice of Deficiency & ATC Denial Letter Issued

Provided to Installer: _____ Date: _____ In person Email Mail By: _____

Provided to Owner: _____ Date: _____ In person Email Mail By: _____

Receipt Information:

Residential OSSF Permit Fee \$400	_____	Date: _____	Rec'd By: _____
Commercial OSSF Permit Fee \$500	_____	Date: _____	Rec'd By: _____
OSSF Repair/Alteration Fee \$100	_____	Date: _____	Rec'd By: _____
Re-inspection Fee \$100	_____	Date: _____	Rec'd By: _____