

Source of Water Supply:

Subdivision: _____ Water District: _____ Well: _____ Lake Pump: _____

System (Name): _____

PROPOSED TREATMENT TANK INFORMATION

Capacity of each tank: (gallons) (1) _____ (2) _____ (3) _____ Pump tank capacity: _____

Type of tank: _____

PROPOSED DRAIN FIELD TYPE

Trench system: Give size and number of lines: (wd) _____ in. X (dp) _____ in. X (lg) _____ ft.

Number of Lines: _____ Distance between lines _____ ft..

Absorption bed system: Bed 1: (wd) _____ ft. X (lg) _____ ft.

Bed 2: (wd) _____ ft X (lg) _____ ft.

Professionally designed - Specify type system: _____

Bed 1: (wd) _____ ft. X (lg) _____ ft.

Bed 2: (wd) _____ ft X (lg) _____ ft.

For an additional fee, I request copy of this permit to be mailed to the installer and/or engineer/R.S. Selected:

Mailing address:

(Signature of current owner or individual with power
Of attorney (P.O.A.) A copy of P.O.A. Must be submitted.)

Date:

THE STATE OF TEXAS ()
COUNTY OF _____ ()
 ()

Before me, the undersigned authority, on this day personally appeared _____,
Known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledge to me that
he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20__ A.D.

Notary Public Signature

(SEAL)

My Commission Expires