

ON-SITE SEWAGE FACILITY PROGRAM APPLICATION FOR NEW CONSTRUCTION AND MODIFICATION Installation type □ New Installation □ Modification **Property Owner Name (First Middle Last) Property Owner Mailing Address** State ZIP City **Property Owner Phone #1 Property Owner Phone #2 Property Owner Email** Site Address Site Legal Description Block Lot Date Sec. Other than Subdivision **Subdivision** Acreage _____ Survey ☐ Single Family Residence # of Bedrooms Living Area Square Footage □ Commercial/Institutional (including multi-family residences) # Employees/Occupants/Units **Days Occupied Per Week** Type Site Evaluator Site Evaluator Certification Number **Designer License Number (PE or RS)** Designer **Designer Phone Number Designer Email** Installer **Installer Registration Number** Installer Phone Number Installer Email I certify that the above statements true and correct to the best of my knowledge. Authorization is hereby given to the City of Cedar Hill and the Texas Commission on Environmental Quality (TCEQ) to enter upon the above described property for the purpose of lot evaluation and inspection of onsite sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicate that the system was installed in compliance with 30 TAC 285. **Property Owner Signature** Date



ON-SITE SEWAGE FACILITY PROGRAM TECHNICAL INFORMATION FOR PERMIT

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.

UNAUTHORIZED CONSTRUCTION SHALL RESULT IN ENFORCEMENT INCLUDING BUT NOT LIMITED TO

CIVIL OR ADMINISTRATIVE CITATIONS AND COURT PROCEEDINGS

CIVIL OR ADMINISTRATIVE CITATIONS AND COURT PROCEEDINGS.										
Property Owner Name (First Middle Last)										
Site Address										
Site County										
□ Dallas County	□ Ellis County									
Professional Design Required	·									
□ NO □ YES	If YES, professional design attached \square NO \square YES									
Sewer Pipe Material Type	Sewer Size of Pip		Slope of Sewer Pipe to Tank							
Daily Wastewater Usage Rate (Gallons Per Day)										
Water Savings Devices										
□ Septic Tank										
Septic Tank Dimensions		Septic Tank Liquid Depth (tank bottom to outlet)								
Septic Tank Size Required		Septic Tank Size Proposed								
□ Aerobic System		<u> </u>								
Aerobic System Manufacturer		Aerobic System Model Number								
Aerobic System Size Required		Aerobic System Size Proposed								
□ Other Type (PLEASE ATTACH DESCRIPTION)										
Disposal System Type										
Disposal System Area Required		Disposal System Area Proposed								
Additional Information (NOTE – This information must be attached for review to be completed) □ Site Evaluation										
□ Planning Materials The attached checklist details the	ose items that mu	ust be addressed	under each of these categories.							
Designer Name (PRINT)		Date								
Designer Signature										
			·							



AFFIDAVIT TO THE PUBLIC

STATE O)F IEXAS)						
Before	me,	the	undersigned	authority, o		day perso wner(s)) who,	-	
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