

**GREGG COUNTY HEALTH DEPARTMENT  
APPLICATION FOR ON-SITE SEWAGE FACILITY**

AMOUNT \$ _____	RECEIPT # _____	DATE _____	PERMIT # _____
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FOR USE BY GREGG COUNTY HEALTH DEPARTMENT ONLY

PROPERTY OWNER'S NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle Initial) (Last) (Date of Birth) (DL#)

MAILING ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(# & Street Name [or] P. O. Box # [or] 911 Address) (City) (Zip)

TELEPHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (and) (Work) (and/or) (Other)

SITE ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(911 Address) (Address Required) (City) (Zip)

**LEGAL DESCRIPTION**  
(As Recorded at Appraisal District)

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_ Lot Size: \_\_\_\_\_

**OTHER THAN SUBDIVISION:**

Abstract #: \_\_\_\_\_ Survey Name: \_\_\_\_\_ Tract #: \_\_\_\_\_ Section #: \_\_\_\_\_ Acreage: \_\_\_\_\_

**DAILY WATER FLOW**

MAXIMUM DAILY WATER CONSUMPTION (Gallons per Day): \_\_\_\_\_  Actual  Estimated  
(Required)

SOURCE OF WATER:  Private Well  Public Water Supply - Name: \_\_\_\_\_

SINGLE FAMILY RESIDENCE: Number of Bedrooms: \_\_\_\_\_ Living Area (Square Feet): \_\_\_\_\_  
(Required)

NAME OF BUSINESS \_\_\_\_\_  
COMMERCIAL/INSTITUTIONAL (Including Multi-Family Residences) TYPE \_\_\_\_\_

NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_

DESIGNER: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
(Zip)

INSTALLER: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
(Zip)

I hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate, and complete. I understand that any misrepresentation or falsification may result in rejection of my application. Authorization is hereby given to the **Gregg County Health Department** to enter upon the above-described property for the purpose of lot evaluation and inspection. **A Permit to Operate** the facility will be granted following successful inspection of the installed system, which indicates that the system was installed in compliance with **TCEQ's "Construction Standards For On-Site Sewage Facilities"**.

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Date)

# GREGG COUNTY HEALTH DEPARTMENT

405 East Marshall Avenue

Longview, Texas 75601

Office (903) 237-2628

Fax (903) 237-2608

This is to certify that the installer that is installing my On-Site Sewage Facility has complied with provisions of 30 TAC, Chapter 285, Section 285.39 titled OSSF Maintenance and Management Practices that states:

- (a) *“An installer shall provide the owner of an OSSF with written information regarding maintenance and management practices and water conservation measures related to the OSSF installed, repaired, or maintained by the installer.”*
- (b) *“Owners shall have the treatment tank pumped on a regular basis, in order to prevent sludge accumulation from spilling over to the next tank or the outlet device. Owners of treatment tanks shall engage only persons registered with the executive director to transport the treatment tank contents.”*
- (c) *“Owners shall not allow driveways, storage building, or other structures to be constructed over the treatment or disposal systems.”*

**THE INFORMATION ABOVE HAS BEEN PROVIDED TO ME ACCORDING TO SECTION 285.39(a)-(c).**

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(Signature of System Owner)