Environmental Health Department
City of Dripping Springs
P.O Box 384
Dripping Springs, TX 78620
Office: 512-858-4725 Fax: 512-858-5646

ON-SITE SEPTIC FACILITY PERMIT APPLICATION

Property Owner's Name:_____
(Last) (First) (M.I.)

Mailing Address: _____
(Street/P.O. Box) (City/State) (Zip)

Telephone No.: _____ _____ _____
(Home) (Business) (At Property)

Site Address: _____
(Number) (Street/County Road) (City)

Legal Description
Lot #_____ Block_____ Subdivision_____ Section_____ Recorded Date_____

Land Area/Acreage:_____
(Acreage) (Survey) (Vol/Pg/Date)

Builder's/Agent's Name: _____
(Last) (First) (Telephone)

Installer's Name: _____
(Last) (First) (Telephone)

Source of Water: Private_____ or Public _____ Name: _____

Is facility in 100 yr flood plain? Yes_____ No_____

TYPE OF FACILITY

( ) Single Family Residential (SFR): House_____ or Mobile Home_____
Size of Living Area_____sq.fr. # of Beds_____ #of Baths_____
Water Saving Fixtures: Yes_____ No_____

( ) Commercial /Non-SFR:
Type:_____
Days occupied per week_____ Estimated daily water usage_____
Size of Building _____sq.ft. # of Employees_____

Floodplain Development:
_____New Construction _____Improvement to structure less than 50%
_____Excavation _____ Fill _____ Other:_____

REQUIRED ATTACHEMENTS

1. Supply with this application, one (1) copy of construction floor plans.
2. Attach a copy of a survey of the building site or a plat of the site which accurately reflects property line descriptions and show thereon the location of all the proposed structures and other improvements, including well and septic system, streams, roads, easements, etc.
3. A copy of maintenance contract and a copy of recorded affidavit must accompany designs with utilize surface or drip irrigation, or non-standard or propriertary treatment.

I, THE PROPERTY OWNER, CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

I _____hereby file this application for an on-site sewage facility permit, and if the permit herein applied for is granted, acknowledge myself to be bound to the City of Dripping Springs, Texas, to see that all provisions of the permit are faithfully performed.

_____
(Signature)

* This document represents an application for on-site sewage facilities **only** and does not authorize the start of any facility or construction.

NOTE: THE PERMIT TO CONSTRUCT AN ON-SITE SEWAGE FACILTY EXPIRES ONE YEAR FROM APPLICATION DATE.