

- New Installation
- Tank Replacement
- Drain field-Repair/Replace
- Repair

MILAM COUNTY HEALTH DEPARTMENT
209 SOUTH HOUSTON ST.
CAMERON, TEXAS 76520
Phone: (254) 697-7039 Fax: (254) 697-4809
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION

M.C.H.D. USE ONLY
APPLICATION NO. _____
DATE RECEIVED _____
AMOUNT _____

MCHD (Rev. 4/29/2013)

1. PROPERTY OWNER'S NAME: _____
(FIRST) (MIDDLE) (LAST)
 2. PERMANENT MAILING ADDRESS: _____
 3. DAYTIME PHONE NUMBER: (_____) _____ OTHER PHONE: (_____) _____
 4. 911 SITE ADDRESS: _____
 5. LOT/TRACT: _____ BLOCK: _____ RECORD SET: _____ VOL: _____ PAGE: _____
 SUBDIVISION: _____ LOT SIZE/ACREAGE: _____
 6. DIRECTIONS TO SITE: _____
-
7. SOURCE OF WATER: Private Well Public Water Supply _____
(Name of Supplier)
 8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: _____ Living Area (ft²): _____ Number of Occupants: _____
 9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____
 NO. OF EMPLOYEES / OCCUPANTS / UNITS: _____ DAYS OCCUPIED PER WEEK: _____
 10. INSTALLER: _____ LICENSE NO.: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER (_____) _____ FAX NO.: (_____) _____
- PROFESSIONAL DESIGN REQUIRED?** Yes No If yes, professional design attached? Yes No
- I. **TYPE AND SIZE OF PIPING FROM:** (EXAMPLE: 4" SCH 40 PVC)
 Stub out to treatment tank: _____ Treatment tank to disposal system: _____
 - II. **DAILY WASTEWATER USEAGE RATE: Q=** _____ (gallons/day) WATER SAVING DEVICES: Yes No
 - III. **TREATMENT UNIT:** SEPTIC TANK AEROBIC UNIT
 A.
 - SIZE REQUIRED: _____
 - MANUFACTURER: _____
 - PRETREATMENT TANK: Yes SIZE: _____ (gal) No N/A
 - SIZE PROPOSED: _____
 - MATERIAL/MODEL #: _____
 - B. OTHER: _____
 (Please attach description)
 - IV. **DISPOSAL SYSTEM: TYPE:** Gravel _____ 8" Gravel less _____ LPD _____ ET _____
 Leaching Chamber _____ Surface Irrigation _____ Other _____
- AREA REQUIRED: _____ • AREA PROPOSED: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Milam County Health Department to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that 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 the TCEQ's On Site Sewage Facility Rules, TAC 30, Chapter 285.

 (Signature of Owner)

 (Date)