



Navarro County Planning & Development
 601 N. 13th St. Suite 1
 Corsicana, Texas 75110
 Phone No. (903) 875-3313
 Fax No. (903) 875-3314

OSSF Perm: _____

Disposal Type: _____

Application For On-Site Sewage Facility

THIS APPLICATION WILL EXPIRE ONE (1) YEAR FROM THE APPLICATION DATE IF INSPECTION IS NOT COMPLETED

PROPERTY OWNER: _____
 (LAST) (FIRST) (MIDDLE)

SITE ADDRESS: _____ ZIP _____

CURRENT MAILING ADDRESS: _____ ZIP _____

HOME PHONE: () CELL PHONE: () FAX: ()

Email address: _____

DL#: _____ STATE: _____ D.O.B. / /

PROPERTY LEGAL DESCRIPTION:

Subdivision: _____ Lot/Tract _____ Block Phase/Sec. _____ LOT SIZE: _____ (1 acre min)

Survey _____ Abstract: _____ Vol. _____ Page _____

***PROPERTY SURVEY MUST BE ATTACHED**

SINGLE FAMILY RESIDENCE: No. of Bedrooms: _____ Living Area: _____ (sq ft)

COMERCIAL/INSTITUTIONAL (including multi-family residences) Type: _____

NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: _____ Days Occupied/Week _____ Average Daily Flow _____

WITH KITCHEN: Yes No

SHOWERS: Yes No

New Construction Site Built Home Mobile Home Replacing Existing OSSF Modifying Existing OSSF

Water saving devices installed Yes No

Other: _____

SOURCE OF WATER: Private Well Public Water Supply _____

PROPOSED DISPOSAL SYSTEM TYPE: AEROBIC DRIP EMITTER LOW PRESSURE PIPE STANDARD

SITE EVALUATOR: _____ Registration # _____ Phone No: ()

DESIGNER: _____ Registration # _____ Phone No: ()

INSTALLER: _____ Registration # _____ Phone No: ()

This form and all required attached document must be completely filled out in blue or black ink to be accepted.

Authorization is hereby given to agents of the Navarro County Planning and Development to enter upon the above-described property for the purpose of conducting tests, performing on-site sewage facility inspections, or other reasons consistent with the laws of the State of Texas.

I certify that I am the individual owning or having right of possession and use of the above-described property. I further state that I have provided the information contained in this Application for On-Site Sewage Facility, and that the information is true and correct in every respect, and no material has been omitted or concealed.

 SIGNATURE OF OWNER/AGENT

 Date

 SIGNATURE OF INSTALLER

 Date