



NEW INSTALLATION
MODIFICATION

CITY OF RIO GRANDE CITY ONLY

APPLICATION FOR ON-SITE SEWAGE FACILITIES
NEW CONSTRUCTION AND MODIFICATION
RIO GRANDE CITY OF INSTALLATION

1. PROPERTY OWNER'S NAME: (LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: (STREET/P.O BOX) (CITY/STATE) (ZIP)
3. TELEPHONE NO. DURING DAY: _____
4. SITE ADDRESS: _____
5. PROPERTY DESCRIPTION: LOT SIZE BLOCK SEC DATE
And/ or legal description (attached) SUBDIVISION:
OTHER THAN SUBDIVISION: ACREAGE SURVEY
6. SOURCE OF WATER: PRIVATE WELL PUBLIC WATER SUPPLY (NAME OF SUPPLIES)
7. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS _____ LIVING AREA (sq.ft) _____
8. COMMERCIAL/ INSTITUTIONAL (including multi-family residences) TYPE _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIES PER WEEK: _____
ESTIMATED MAXIMUM DAILY WATER CONSUMPTION (gpd): _____
9. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET? YES NO
10. DESIGNER: _____ LICENSE NO: _____
11. INSTALLER: _____ REGISTRATION NO: _____
PHONE NUMBER: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to City of Rio Grande City to enter upon the above described private property for the purpose of lot evaluation and inspection of on-site sewerage facilities. I understand that the approval of this application constitutes authorization for construction of the on-site sewerage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicated that the system was installed in compliance with the City construction standards for on-site sewerage facilities.

(Signature of owner)

(Date)

**RIO GRANDE CITY
ON-SITE SEWERAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT
APPLICATION # _____**

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL; UNAUTHORIZED CONSTRUCTION CAN RESULT IN THE HIGHER PERMIT FEE OF CIVIL/ADMINISTRATIVE PENALTIES.

OWNER'S NAME: _____ **CITY/COUNTY:** _____
Professional design required: ___ Yes ___ No If yes, professional design attached: ___ Yes ___ No

I. SEWER (house drain):
TYPE AND SIZE OF PIPE: _____ SLOPE OF SEWER PIPE TO TANK: _____

II. SEPTIC TANK:
A. TYPE (check one): ___ Two Compartment ___ Two single in series Tank construction materials _____
B. Internal dimension:
• Round tank diameter _____ Liquid penetration depth-inlet _____
• Liquid depth (bottom of tank) _____ Liquid penetration depth-outlet _____
• Rectangle tank length/width _____
C. Capacity: Size required _____ Proposed _____

III. SOIL TEST:
NOTE-INFORMATION WORKSHEET MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

PERC RATE: _____ SOIL TYPE: _____ PERFORMED BY: _____ PHONE NO. _____

IV. DISPOSAL AREA:
TYPE: _____ MINIMUM AREA REQUIRED: _____
TRENCH WIDTH OR BED SIZE: _____ DISTANCE BETWEEN TRENCHES/BEDS: _____
TYPE AND SIZE OF MEDIA: _____ TYPE AND DIAMETER OF PIPE: _____
TYPE OF BARRIER: _____ TRENCH DEPTH: _____

V. PLOT PLAN:
NOTE: THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.
TWO COPIES OF THE PLAN/PLAT ARE REQUIRES. THESE PLAN/PLATS **MUST** INCLUDE THE FOLLOWING:
1. OWNER'S NAME
2. LOT SIZE
3. PROPERTY LINES
4. SEPTIC TANK (S) LOCATION
5. TRENCH AND/OR BED LOCATIONS
6. SIZE OF BED OF TRENCH AND DRAINFIELD (Length, width, sq.ft)
7. LOCATION OF CLEAN-OUTS
8. WATER WELLS, Including neighboring well within 150 feet
9. OTHER, AS REQUIRED

FROM WATER WELLS, UNDERGROND SYSTEMS AND PUMP SUCTION PIPES WATER SUPPLY LINEES AND PROPERTY LINES STEAMS, PONDS, AND LAKES SHARP SLOPES AND BREAKS FOUNDATIONS, STRUCTURES, AND SURFACE IMPROVMENTS	TO: SEPTIC TANK _____ _____ _____ _____	TO: DISPOSAL FIELD _____ _____ _____ _____
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DESIGNER'S SIGNATURE

REGISTRATION NO.

DATE

THE STATE OF TEXAS



AUTHORIZATION TO CONSTRUCT
AN
ON-SITE SEWERAGE FACILITY

APPLICATION NUMBER _____

PROPERTY OWNER _____

MAILING ADDRESS _____

PROPERTY LOCATION _____

_____ COUNTY, TEXAS

This serves to all persons, that an on-site sewerage facility application, related technical data, and the appropriate fee have been received by City of Rio Grande City from the property owner. The application has been reviewed for technical and administrative considerations against the standards set forth by the City. Approval is hereby granted for the construction as shown on the submitted plans.

Any modifications to submitted plans require approval by the Designate Representative FIVE (5) WORKING DAYS PRIOR to completion to arrange the required facility. The authorization to construct is valid for one year from the date of issue. If a final inspection has not been performed within one year of issue, a new application and fee will be required.

COMMENTS: _____

APPLICATION REVIEWER

DATE



TO WHOM IT MAY CONCERN:

Be advised that _____ septic tanks of the required capacity along with the required drain field of _____ sq. ft. have been installed at the home/business of _____ located at _____

This system was constructed according to "Construction Standards for Private Disposal" as required by Starr Health Regulations. This system should work safety and efficiently if maintained properly.

This system was approved on _____

Respectfully Submitted

ANTONIO CANTU JR
DR LICENSE# 0S0031632
PLANNING DEPARTMENT
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