



Medina County Environmental Health  
Floodplain Administrator

1502 Ave. K • Hondo, Texas 78861 • Office 830-741-6195 • Fax 830-741-6099

**“Protecting Medina County’s Air and Water Resources through Reducing and Preventing Pollution.”**

APPLICATION FOR ON-SITE SEWAGE FACILITY CONTRUCTION PERMIT AND LICENSE TO OPERATE

APPLICATION NO. _____
AMOUNT DUE: _____

1. PROPERTY OWNER NAME: \_\_\_\_\_
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_
3. 911 AUTHORIZED SITE ADDRESS: \_\_\_\_\_
4. MAIN PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_
5. PROPERTY DESCRIPTION: Acreage: \_\_\_\_\_ GATE CODE: \_\_\_\_\_
6. LEGAL DESCRIPTION: Subdivision \_\_\_\_\_  
Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Sec # \_\_\_\_\_
7. BUILDER/ AGENT’S Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_
8. SOURCE OF WATER: WELL [ ] PUBLIC [ ] Supplier Name: \_\_\_\_\_
9. ELECTRICAL SUPPLIER’S NAME: \_\_\_\_\_  
CPS Email: \_\_\_\_\_ AEP ESID #: \_\_\_\_\_
10. YOUR ELECTRICAL SERVICE ADDRESS: \_\_\_\_\_
11. TYPE OF DEVELOPMENT: RESIDENTIAL [ ] COMMERCIAL [ ]

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FOOTAGE: \_\_\_\_\_

12. IS THIS SITE IN THE 100 YEAR FLOOD ZONE? YES [ ] NO [ ]

If YES, a Flood Plain Permit needs to be completed and submitted along with an elevation certificate obtained from a Licensed Surveyor or Professional Engineer.

13. IS THIS SITE IN THE EDWARDS AQUIFER RECHARGE ZONE: YES [ ] NO [ ]

If YES to # 11, a site evaluation will need to be performed by a licensed Registered Sanitarian or Professional Engineer.

14. A LOCATION MAP IS SUBMITTED WITH APPLICATION YES [ ] NO [ ]

15. SYSTEM DESIGNER'S NAME: \_\_\_\_\_

Phone #: \_\_\_\_\_ Registration #: \_\_\_\_\_

16. INSTALLER'S NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

License #: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

### RESIDENTIAL/ COMMERCIAL FEES

CONVENTIONAL: \$ 200.00  
AEROBIC: \$ 400.00  
REPAIRS: \$ 50.00  
REINSPECTION FEE: \$ 50.00 (Per visit)  
FLOOD PLAIN: \$ 45.00 (Additional fee)  
FLOOD PLAIN MAP: \$ 20.00 (Additional fee)

I CERTIFY THAT THE ABOVE STATEMENT ARE TRUE AND CORRECT.  
AUTHORIZATION IS HEREBY GIVEN TO THE MEDINA COUNTY HEALTH AND  
SANITATION DEPARTMENT TO ENTER UPON THE ABOVE DESCRIBED PRIVATE  
PROPERTY FOR THE PURPOSE OF LOT EVALUATIONS AND INSPECTION OF ON-  
SITE SEWAGE FACILITIES. I UNDESTAND THAT THE APPROVAL OF THIS  
APPLICATION DOES NOT CONSTITUTE A PERMIT OR LICSE FOR CONSTRUCTION  
OR OPERATION OF AN ON-SITE SEWAGE FACILITY.

X \_\_\_\_\_  
SIGNATURE & TITLE

X \_\_\_\_\_  
DATE