

**MONTGOMERY COUNTY ENVIRONMENTAL HEALTH SERVICES  
APPLICATION FOR SUBDIVISION REVIEW**

DATE: \_\_\_\_\_ FEE: \_\_\_\_\_

NAME (Owner/Developer): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROJECT ENGINEER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LEGAL NAME OF PROPOSED SUBDIVISION: \_\_\_\_\_

LOCATION OF PROPERTY TO BE INSPECTED AND EVALUATED: \_\_\_\_\_

TOTAL ACRES IN SUBDIVISION: \_\_\_\_\_ NUMBER OF LOTS: \_\_\_\_\_

LOT SIZES: LARGEST: \_\_\_\_\_ SMALLEST: \_\_\_\_\_

WATER SYSTEM:       PUBLIC       PRIVATE      Soil Analysis: (1) per ten acres

TYPES OF STRUCTURES/FACILITIES USING PRIVATE SEPTIC WASTE DISPOSAL: \_\_\_\_\_

IS PROPERTY IN FLOOD PLAIN?  ALL       PART       NONE

IS PROPERTY IN FLOOD WAY?  ALL       PART       NONE

I hereby grant permission for the Montgomery County Environmental/Health Services personnel to enter upon the above described property for the purpose of performing the requested inspection/evaluation and accept full responsibility for same. I understand that (1) this is an evaluation for recommendation to Montgomery County Commissioners Court only; (2) this is a statement of the total systems to be installed; and (3) individual systems must be installed according to county standards. I understand that the performance of each system will depend upon many factors including maintenance, water usage, amount of rainfall received on the property, etc. If the individual system fails or discharges, Montgomery County Environmental/Health Services or its employees will not be held responsible.

**NOTE: An application for a PERMIT TO CONSTRUCT, individual LOT EVALUATION, and a FINAL INSPECTION must be obtained on each septic system before a NOTICE OF APPROVAL for an individual system will be granted. NOTICE OF APPROVALS will not be issued until the individual septic systems have final inspections and approval.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE      DATE

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

A MEETING BETWEEN THE DEVELOPER, ENGINEER AND/OR REPRESENTATIVE, AND THE DIRECTOR OF MONTGOMERY COUNTY HEALTH DEPARTMENT IS STRONGLY ENCOURAGED.