



ANGELINA & NECHES RIVER AUTHORITY
 P.O. BOX 387 – 210 LUFKIN AVENUE
 LUFKIN, TX 75902
 Phone (936) 632-7795 – Fax (936) 632-2564

**APPLICATION FOR PERMIT TO CONSTRUCT AN ON-SITE SEWAGE FACILITY
 IN THE SAM RAYBURN RESERVOIR CONTROL ZONE**

Owner's Name: _____ Phone# _____

Mailing Address: _____
 (Street/POB) (City) (State) (Zip)

County: _____ Subdivision: _____ Lot#: _____
 Section: _____ Block #: _____

Property Address: _____
 (Street/POB) (City) (State) (Zip)

Brief description of property location _____ No. of bedrooms _____
 _____ No. acres _____ or
 _____ Lot size _____

Name of public water supply: _____
 Number of people using system: _____
 Water wells on or near property? yes _____ no _____ Land cleared? yes _____ no _____

Please list licensed installer (if known) _____
 *Installer list available upon request
 Please check the following water using devices at the residence:
 Toilets _____ Lavatories _____ Bathtubs/Showers _____ Garbage Disposal _____ Urinals _____
 Clothes Washers _____ Dishwashers _____ Other _____

SPECIFICATIONS ARE VALID FOR 1 YEAR FROM DATE OF APPLICATION.

NO REFUNDS AFTER 5 DAY GRACE PERIOD AND NO REFUNDS AFTER PERMIT HAS BEEN ISSUED.

ANRA IS NOT RESPONSIBLE FOR IMPROPERLY MARKED U.S. ARMY CORPS OF ENGINEERS LINES, HIGH WATER LINES, PROPERTY LINES OR HIDDEN WATER WELLS.

Authorization is hereby given to enter the above described property during daylight hours for the purpose of making a site evaluation, inspecting installed systems and conducting performance inspections as required by the State of Texas.

Owner Signature _____ Date _____ Applicant Signature (if different) _____ Date _____

FOR OFFICE USE ONLY

Date _____ Site Plan Approved _____
 Amount of Fee \$ _____ Ck # _____ Receipt # _____ Pick-up/mail permit to construct _____
 Application # _____ Date Licensed _____

***Please provide directions to property on back of form**