



City of Houston Health and Human Services

Environmental Health Division

Bureau of Consumer Health

Certificate Registration/Replacement Form

Please fill one Registration Form for each interceptor on site

Interceptor Information

<input type="checkbox"/> Residential Home or Company Name:	
Address:	Zip Code:
Name of the Person Submitting Application:	
Phone #:	Date:
<input type="checkbox"/> First Time Registration <input type="checkbox"/> Replacement Certificate (\$25.00 fee per interceptor) TCEQ# : _____	

Mailing Information (Optional)

Complete Address:
Attention:

Type of Business:

- | | |
|---|---|
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Church |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Washateria |
| <input type="checkbox"/> Auto Shop | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Dry Cleaners | <input type="checkbox"/> Day Care |
| <input type="checkbox"/> School | <input type="checkbox"/> Gas Station |
| <input type="checkbox"/> Convenient Store | <input type="checkbox"/> Apartment Complex |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Living (Senior/Group/Assistance) |
| <input type="checkbox"/> Residential Home | <input type="checkbox"/> Other: _____ |

Type of Interceptor:

- Residential Septic Tank
- Bay
- Sump Bay
- Reclaim Tank
- City Lift Station
- Management Responsible Grease Trap

There is no fee for first time Registration for: **Residential Septic Tank, Bay, Sump Bay, Management Responsible Grease Trap, Reclaim Tank and City Lift Station.**

If the Certificate is lost there is a non refundable fee of **\$25.00** for each replacement.

Application along with payment can be **Mailed or Walked** in to:
7411 Park Place Blvd Room: 102
Houston, TX 77087

Please make Checks and Money orders payable to: City of Houston
Office Hours: Monday- Friday 7:00 AM-12:00 PM and 1:00 PM-3:30 PM
We accept: Checks and Money Orders ONLY.

For more information, please contact Emily Chacon:

Direct Line: (832) 393-5675
 Email Address: emily.chacon@houstontx.gov

Assigned TCEQ#: _____

FOR OFFICE USE ONLY

Method of Payment:	<input type="checkbox"/> Check <input type="checkbox"/> Money Order	Amount:	
Check/ Money Order Number:		<input type="checkbox"/> Walked in	<input type="checkbox"/> Mailed
Date:		Serial #	