



Existing On-Site Sewage Facility App

Environmental Health Division

Wichita Falls-Wichita County Public Health

Date _____
 Site# _____
 County _____
 Amount: \$150

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Incomplete Applications will not be approved

SITE INFORMATION			
System Address: _____ <i>(Building # and Street name) (City) (State) (Zip)</i>			
Directions to Site/Location of System: _____ _____			
Type of System: Standard / Aerobic	Water to Property: On / Off	Electricity to Property: On / Off	
Water Source:			
Gates/Locks:		Pets/Animals:	
Waste Hauler (Pumping):		Maintenance Provider (Aerobic):	
OWNER INFORMATION			
Owner Name:		Phone:	
Owner Mailing Address: _____ <i>(Building # and Street name) (City) (State) (Zip)</i>			
Secondary Phone:		Email:	
BUYER INFORMATION			
Buyer Name:		Phone:	
Secondary Phone:		Email:	
REALTOR INFORMATION			
Seller's Agent:		Company:	
Phone:		Email:	
Buyer's Agent:		Company:	
Phone:		Email:	
Option End Date:		Closing Date:	
SEND RESULTS TO			
Name:		Email:	
Mailing Address: _____ <i>(Building # and Street name) (City) (State) (Zip)</i>			

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Wichita Falls - Wichita County Public Health District to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with TCEQ's On-Site Sewage Facility Rules, TAC 30, Chapter 285. **If the system fails inspection, the property owner MUST comply with TCEQ's "On-Site Sewage Facility Rules", TAC 30, Chapter 285 within thirty (30) days of the inspection or legal action may be taken.**

 Authorized Print Name

 Authorized Signature

 Date