



New On-Site Sewage Facility App

Environmental Health Division

Wichita Falls-Wichita County Public Health

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

Date _____
 App# _____
 Site# _____
 County _____
 Amount: \$260 / \$285

Incomplete Applications will not be approved

SITE INFORMATION

System Address: _____
 (Building # and Street name) (City) (State) (Zip)

Directions to Site/Location of System: _____

Legal Description: _____

Acreage: _____ Survey: _____

Water Source: _____

OWNER INFORMATION

Owner Name: _____ Phone: _____

Owner Mailing Address: _____
 (Building # and Street name) (City) (State) (Zip)

Secondary Phone: _____ Email: _____

BUILDING INFORMATION

Building Area (sq.ft): _____ Type of Building: _____

#Bedrooms/Other: _____ #Occupants/Other: _____ Days of Use: _____

SYSTEM INFORMATION

Installer Name: _____ License #: _____

Type of System: _____

(If Modification of System) Description: _____

CHECKLIST OF ATTACHMENTS

<input type="checkbox"/> Application	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Soil Evaluation
<input type="checkbox"/> Flood Plain	<input type="checkbox"/> Design	<input type="checkbox"/> Drawing
<input type="checkbox"/> Materials	<input type="checkbox"/> Landscape	<input type="checkbox"/> Affidavit
<input type="checkbox"/> Contract	<input type="checkbox"/> Professional Design	<input type="checkbox"/> Other

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.

_____ Owner Print Name _____ Owner Signature _____ Date