



Application for Existing On-Site Sewage Facility System

Environmental Health Division

Wichita Falls – Wichita County Public Health District

1700 3rd Street, Wichita Falls, TX 76301

Phone: 940-761-7820 Fax: 940-761-7645

Date: _____

Site #: _____

County: _____

Amount: \$150

Septic System Information

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

Directions to Site / Location of System: _____

Water to Property: On / Off Electricity to Property: On / Off

Water Source: _____

Gates / Locks: _____

Pets / Animals: _____

Type of System: Standard / Aerobic

Waste Hauler for Pumping: _____

Maintenance Provider (if Aerobic): _____

Owner Information

Owner Name: _____

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

Phone: _____ Email / Other Phone: _____

Buyer Information

Buyer Name: _____

Phone: _____ Email / Other Phone: _____

Realtor Information

Seller's Agent: _____ Company: _____

Phone: _____ Email / Other Phone: _____

Buyer's Agent: _____ Company: _____

Phone: _____ Email / Other Phone: _____

Option End Date: _____ Closing Date: _____

Send Results To

Name: _____

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

Email: _____

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. **NOTE:** 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 Signature)

(Date)