



Application for New 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: _____
App #: _____
Site #: _____
County: _____
Amount: \$260 / \$285

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: _____

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

Phone: _____ Email / Other Phone: _____

Building Information

(Residential) Number of Bedrooms: _____ Building Area: _____

(Commercial) Type of Building: _____

Number of Occupants / Other: _____ Days of Use: _____

System Information

Installer Name: _____ License Number: _____

Type of System: _____

(If Modification of System) Description: _____

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 Signature)

(Date)