



Existing 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 _____

Facility# _____

County _____

Amount: \$178

Incomplete Applications may not be Approved

Email Applications to OSSF@wichitafallstx.gov

SITE INFORMATION

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

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

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

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