

WHARTON COUNTY PERMIT & INSPECTION DEPARTMENT

APPLICATION FOR ON-SITE SEWAGE SYSTEM PERMIT

RECEIPT # _____ **ISSUED** _____ **PERMIT #** _____ **ISSUED** _____

APPLICANT'S NAME _____

MAILING ADDRESS _____

(number and street or P.O. box)

(city) (zip)

(home phone) (work phone)

PROPERTY DESCRIPTION

PHYSICAL ADDRESS _____

LEGAL DESCRIPTION _____

(include lot size and/or acreage)

WATER SUPPLY

IF PUBLIC WATER SUPPLY _____

(name of water system)

IF PRIVATE WELL () existing () proposed **CASING CEMENTED** () yes () no

FACILITY INFORMATION

() NEW () EXISTING () RESIDENTIAL () SINGLE FAMILY () MULTI FAMILY

_____ sq.ft. of structure _____ number of bedrooms water saving devices? ____ yes ____ no

() COMMERCIAL _____

(type of business)

(# of persons served)

DESIGNED FOR _____ **GALLONS PER DAY**

TYPE OF SYSTEM TO BE INSTALLED

() SURFACE APPLICATION () PUMPED EFFLUENT

() LOW PRESSURE DOSING () STANDARD

() OTHER _____

SITE EVALUATOR _____

(name, license #, and phone #)

SYSTEM DESIGNER _____

(name, license #, and phone #)

SYSTEM INSTALLER _____

(name, license #, and phone #)

AUTHORIZATION IS HEREBY GIVEN TO WHARTON COUNTY, TEXAS AND TO ITS AGENTS, OR DESIGNEES, SINGULARLY OR JOINTLY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY DURING DAYLIGHT HOURS FOR THE PURPOSE OF INSPECTION OF SEWAGE FACILITIES.

(signature of property owner)

(date)