

**WHARTON COUNTY PERMIT & INSPECTION DEPARTMENT
APPLICATION FOR ON-SITE SEWAGE SYSTEM PERMIT**

RECEIVED _____ **PERMIT #** _____ **ATC** _____ **ATO** _____

APPLICANT'S NAME _____

MAILING ADDRESS _____

(number and street or P.O. box)

(city)

(zip)

(phone)

(email address)

PROPERTY DESCRIPTION

PHYSICAL ADDRESS _____

MAIL ADDRESS AFTER COMPLETION _____

LEGAL DESCRIPTION _____

(include lot size and 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 () DRIP () LEACHING CHAMBERS

() LOW PRESSURE DOSING () STANDARD () GRAVEL-LESS

() 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)