



Palo Pinto County
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION

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O.S.S.F. Designated Representative

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PPCO USE ONLY
APPLICATION NO.
DATE
AMOUNT

- 1. PROPERTY OWNER'S NAME: (Last) (First) (Middle)
2. CURRENT MAILING ADDRESS:
3. DAYTIME TELEPHONE NO.: ( )
4. 911 SITE ADDRESS:
5. LEGAL DESCRIPTION: Sec. Block Lot Plat Date
SUBDIVISION:
OTHER THAN SUBDIVISION: Acreage: Survey Name:
Abstract Name/No.:
6. PHYSICAL LOCATION/ DIRECTIONS TO SITE:
7. SOURCE OF WATER: Private Well Public Water Supply (Name of Supplier)
8. SINGLE FAMILY RESIDENCE: No. of Bedrooms Living Area (ft²)
9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE:
NO. OF EMPLOYEES/OCCUPANTS/UNITS: DAYS OCCUPIED PER WEEK:
10. SITE EVALUATOR: LICENSE NO.
PHONE NO.:
11. DESIGNER: LICENSE NO. (PE or RS)
PHONE NO.:
12. INSTALLER: LICENSE NO.
PHONE NO.:

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the designated representative to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at Palo Pinto County Public Works, 940-659-1240.

(SIGNATURE OF OWNER)

(DATE)

Palo Pinto County Public Works Department  
P.O. Box 245 • Palo Pinto, TX 76484

ON-SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT

APPLICATION # \_\_\_\_\_

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.  
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

OWNER'S NAME: \_\_\_\_\_

Professional design required?:  Yes  No If yes, professional design attached:  Yes  No

I. SEWER (House drain):

TYPE AND SIZE OF PIPE: \_\_\_\_\_

SLOPE OF SEWER PIPE TO TANK: \_\_\_\_\_

II. DAILY WASTEWATER USAGE RATE: Q= \_\_\_\_\_ (gallons/day)

WATER SAVING DEVICES:  Yes  No

III. TREATMENT UNIT:  Septic Tank  Aerobic Unit

- A. • TANK DIMENSIONS: \_\_\_\_\_ • LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): \_\_\_\_\_  
• SIZE REQUIRED: \_\_\_\_\_ • SIZE PROPOSED: \_\_\_\_\_  
• MANUFACTURER: \_\_\_\_\_ • MATERIAL/MODEL #: \_\_\_\_\_  
• PRETREATMENT TANK:  Yes SIZE: \_\_\_\_\_ (gal)  No  NA

B. OTHER: \_\_\_\_\_  
(Please attach description)

IV. DISPOSAL SYSTEM: TYPE: \_\_\_\_\_

- AREA REQUIRED: \_\_\_\_\_ • AREA PROPOSED: \_\_\_\_\_

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. SOIL/SITE EVALUATION

B. PLANNING MATERIALS

The attached checklist details those items that must be addressed under each of these categories.

\_\_\_\_\_  
DESIGNER'S SIGNATURE

\_\_\_\_\_  
LICENSE NO.

\_\_\_\_\_  
DATE