ON-SITE WASTEWATER DISPOSAL APPLICATION
ROCKWALL COUNTY HEALTH DEPARTMENT

Date of Request_____

Name_____Phone_____

Present mailing address_____

PROPERTY LOCATION

Nearest City_____Subdivision Name_____

Street address or lot#_____
Lot size_____
Travel Directions
_____
_____

SITE EVALUATION OF SOIL

Type of Soil(as per Soil Conservation_____
Depth to impervious layer_____Depth to groundwater_____
Site Evaluation as performed by licensed engineer_____
Name of person performing Site Evaluation_____

I have inspected and confirmed the soil type as stated and have performed the Site Evaluation on this property, according to the Texas Commission On Environmental Quality (TCEQ) specifications, and have accurately and truthfully reported the results.
Date_____Signature_____
License# or seal_____

SYSTEM LOAD

# of bedrooms_____# of bathrooms_____Square feet of living area_____
Washing Machine_____ Dishwasher_____ Garbage Disposal_____
Water Saving Devices: Yes____ No ____ 100 Year Flood Zone: Yes____ No_____
Daily Design Flow (GPD)_____ Water Company_____

CONTRACTOR INFORMATION

Installer Name and License#_____
Address_____
Phone_____
Anticipated Installation Date_____