



Environmental Health Coordinator

Ron Merritt

915 Whitmore Drive • Suite D • Rockwall, Texas 75087

Telephone: 972-204-7600 • Fax: 972-204-7609

REQUEST FOR PERMIT TO REPAIR EXISTING SYSTEM

Name: _____ AMT PD \$ _____

Phone number: _____

Mailing address: _____

System Address: _____

Scope of repair: _____

Previous permit (if known): _____

Installer: _____

Water supplier: _____

“THIS IS NOT A PERMIT”

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_____

Other considerations_____

Daily Design flow(GPD)_____Water Company_____

CONTRACTOR INFORMATION

Installer Name and License#_____

Address_____

Phone_____

Anticipated Installation Date_____