Environmental Health Coordinator

1101 E. Yellowjacket Ln, Suite 130
Rockwall, Texas 75087
972-204-7602

FOR OFFICE USE

Date Recvd: _____
Permit # _____
Fee Amount _____

APPLICATION FOR OBTAINING AN ON-SITE SEWAGE FACILTY PERMIT

- ☐ Residential - $500
- ☐ Commercial - $500
- ☐ Sprinkler Modification - $100
- ☐ Tank Replacement - $500
- ☐ Lift Station - $100

Property Owners Information

must be filled out by property owner

Name of Owner _____
If under an entity or trust you must also provide name of owner(s) or manager(s)

Site Address _____

_____

Mailing Address (If different) _____

_____

Phone _____ Email _____

Property Location and Information

Property Legal Description _____

Subdivision Name (if applicable) _____

Lot Size (acres) _____ Water Provider _____
Rockwall County has a minimum lot size of 1.5 acres of useable land.

By signing this document, I am affirming that all information provided is all true to the best of my knowledge and that I am the owner or agent to the property.

Signature _____ Date _____

SITE AND SYSTEM INFORMATION

Site Evaluator

must be filled out by Site Evaluator

Name _____ License/Seal Number _____

Address _____ Soil Class _____

_____ Depth to Groundwater _____

I have inspected and confirmed the soil type as stated and have performed the Site Evaluation on this property, according to the Texas Commissioner on Environmental Quality (TCEQ) specifications, and and accurately and truthfully reported the results.

Signature _____ Date _____

System Information

must be filled out by designer

Name _____ License/Seal Number _____

Address _____ Phone _____

_____ Email _____

Disposal Type ☐ Spray ☐ Drip ☐ LPD

Daily Design Flow (GPD) _____ For Spray: # of Sprinklers _____

Required Disposal Area _____ Designed Disposal Area _____

Treatment Units - if applicable give sizing in gallons

Size Proposed _____ Pretreat _____ Pump Tank _____

Residential

Square Footage (living spaces) _____

Bedrooms _____ Bathrooms _____

Washing Machine _____ Dishwasher _____

Commercial

Square Footage (entire building) _____

# of Employees _____

# of Restrooms _____ Kitchen _____

Other Considerations _____

By signing this document, I am affirming that all the above information was provided by the property owner and is accurate to the best of my knowledge.

Signature _____ Date _____

Installer

must be filled out by installer

Company Name: _____ Installer _____

Address _____ License Number _____

_____ Email _____

Anticipated Install Date _____ Phone _____

By signing this document, I am affirming that all the above information provided is all true to the best of my knowledge and by my confimation.

Signature _____ Date _____

THIS APPLICATION DOES NOT CONSITUTE AN APPROVAL

Revised April 2026