



Deaf Smith County
**APPLICATION FOR ON-SITE SEWAGE
FACILITY NEW CONSTRUCTION**

DSC CLERK USE ONLY

APPLICATION NO. _____

DATE RECEIVED _____

AMOUNT _____

1. PROPERTY OWNER'S NAME: _____
(Last) (First) (Middle)

2. CURRENT MAILING ADDRESS: _____

3. PHONE NO.: (____) _____ EMAIL.: _____

4. 911 SITE ADDRESS: _____

5. PROPERTY LEGAL DESCRIPTION: _____

Acreage: _____ Plat Date: _____ Subdivision name (if applicable): _____

*PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY,
OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION*

6. 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 (other than single-family residence) TYPE: _____

BUSINESS / INSTITUTION NAME: _____

RESPONSIBLE OFFICIAL: _____ NO. OF EMPLOYEES/UNITS: _____

10. SITE EVALUATOR: _____ LICENSE NO. _____

PHONE NO.: (____) _____ EMAIL.: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

11. INSTALLER: _____ LICENSE NO.: _____

PHONE NO.: (____) _____ EMAIL.: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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

SIGNATURE OF OWNER: _____ **DATE:** _____

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

Deaf Smith County

**ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

PROFESSIONAL DESIGN REQUIRED?: ☐ Yes ☐ No If yes, professional design attached: ☐ Yes ☐ No

Designer Name: _____ License Type and No. _____

Phone No: (____) _____ EMAIL: _____

Mailing Address: _____ State: _____ Zip: _____

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

Stub out to treatment tank: _____

Treatment tank to disposal system: _____

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

Water Saving Devices: ☐ Yes ☐ No

III. TREATMENT UNIT(S): ☐ Septic Tank ☐ Aerobic Unit

A. • Tank Dimensions: _____ • Liquid Depth (bottom of tank to outlet): _____

• Size Proposed: _____ (gal) • Manufacturer : _____

• Material/Model #: _____

• Pretreatment Tank : ☐ Yes SIZE : _____ (gal) ☐ No ☐ NA

• Pump/Lift Tank : ☐ Yes SIZE : _____ (gal) ☐ No ☐ NA

B. OTHER ☐ Yes ☐ No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: _____

Manufacturer and Model: _____

Area Proposed : _____ square feet

V. ADDITIONAL INFORMATION:

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

A. Soil/Site evaluation B. Planning materials (If Applicable)

**DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE
PENALTIES.**

SIGNATURE OF INSTALLER OR DESIGNER: _____ DATE: _____

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at the Deaf Smith County Clerks office at 806/363-7077 or Doug Patrick at 817/253-8777. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 806/363-7077.

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