

APPLICATION #: \_\_\_\_\_ DEVELOPMENT PERMIT #: \_\_\_\_\_  
FEE PAID:  No  Yes Receipt #: \_\_\_\_\_ DATE \_\_\_\_\_ FLOOD ZONE:  No  Yes

**TOWN OF DISH, TEXAS  
5413 TIM DONALD ROAD  
JUSTIN, TEXAS 76247**

APPLICATION FOR A PERMIT TO INSTALL & LICENSE TO OPERATE A  
PRIVATE ON-SITE SEWERAGE FACILITY  
MINIMUM FEE FOR APPLICATION, INSPECTION, LICENSE: ( )

*DO NOT START OSSF CONSTRUCTION UNTIL A PERMIT TO CONSTRUCT HAS  
BEEN ISSUED BY THE DESIGNATED REPRESENTATIVE.*

I hereby make application for a license to construct and operate a private sewage disposal system in DISH, Texas  
(formerly: Clark, Texas).

NAME OF OWNER: \_\_\_\_\_

PERMANENT MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

LOCATION OF CONSTRUCTION: 911 Address: \_\_\_\_\_

Describe location or attach map or sketch & landmarks or approximate distances

<b>MAP TO PROPERTY LOCATION:</b>	

LOCATION OF PROPERTY IF LOCATED IN A SUBDIVISION: \_\_\_\_\_

Name of Subdivision	Section No.	Block No.	Lot No.
Acreage or Tract Size: _____		Water Source: _____	

**DESCRIPTION OF DWELLING TO BE SERVED:**

- SINGLE FAMILY                       MULTI FAMILY                       COMMERCIAL/INSTITUTIONAL  
(Including multi-family residential;  
Type: \_\_\_\_\_ )
- OTHER: \_\_\_\_\_

Dwelling: \_\_\_\_\_ Sq. Ft.      Living Area: \_\_\_\_\_ Sq. Ft.      Number of Bedrooms: \_\_\_\_\_  
Number of Occupants: \_\_\_\_\_

Initials of Owner/Authorized Agent: \_\_\_\_\_  
Date: \_\_\_\_\_

Authorized Recipient: \_\_\_\_\_  
Date: \_\_\_\_\_

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

DEVELOPMENT PERMIT #: \_\_\_\_\_

**TYPE OF SEWERAGE SYSTEM APPLIED FOR: (CHECK ONE)**

- Subsurface Disposal (laterals in trench)
- Leaching Chambers
- Evapotranspiration Bed
- Aerobic Treatment Unit with surface application
- Other: \_\_\_\_\_

**INSTALLER INFORMATION:**

CERTIFICATE NUMBER (TCEQ OSSF NUMBER): \_\_\_\_\_

Installers Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City&State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Installer Licenses Type:  Installer I  Installer II Lic. Current  Yes  No

**ENGINEER OR SANITARIAN:**

CERTIFICATE NUMBER/TCEQ OSSF NUMBER: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City&State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SITE EVALUATOR:**

CERTIFICATE NUMBER/TCEQ OSSF NUMBER: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City&State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SOIL AND SITE EVALUATION:**

This application will not be processed unless a copy of a valid site evaluation performed in the area where each septic system is to be installed is included with the application. In addition, a site plan giving the following information must be provided for a complete application. The site plan does not have to be drawn to scale (except where applicable in 30 TAC 285), but must show accurately measured distances. Please include address and legal description on the site plan.

1. Size of the lot and the dimensions and locations of all existing or proposed buildings.
2. Location of septic tanks and drainfield (a 5,000 Sq. Ft. area should be reserved for this purpose).
3. Distance to the nearest water well.
4. Distance to any pond, creeks, rivers or drainage ditches.
5. Location of potable water lines, areas with slopes greater than 15%, and easements.
6. Location of any part of the lot which is in the flood plain as identified on the Denton County Flood Insurance Rate Maps.

**Additional Notes to Designated Representative (If blank mark N/A) :**

Authorization is hereby given to the Town of DISH (A.K.A: Town of Clark, Texas), the Texas Commission on Environmental Quality, and the Texas State Department of Health, or their agents or designees, singly or jointly, to enter upon the above described property for the purpose of inspecting private sewerage facilities, or for any reason consistent with the enforcement of regulations set forth by the Texas Commission on Environmental Quality, the Texas Department of Health, Denton County, or the Town of DISH.

Signature of Owner or Owners Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

(If signed by owner's authorized agent, provide name address and telephone number of the owner's authorized agent)

<b>OFFICE USE ONLY</b>	
Printed Name of Recipient _____	Date _____
Signature of Recipient _____	