

PERMIT NO. _____

**DENTON COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH DIVISION
DENTON, TEXAS 76209**

**APPLICATION FOR A PERMIT TO TRANSFER A LICENSE TO OPERATE A
PRIVATE ON-SITE SEWAGE FACILITY TO A NEW PROPERTY OWNER**

I hereby make application for a transfer of license to operate a private sewage disposal system in Denton County, Texas.

NAME OF NEW OWNER: _____

MAILING ADDRESS: _____ CITY: _____

ZIP CODE: _____ TELEPHONE NUMBER: _____

IF NOT LOCATED IN A SUBDIVISION: (Full street address) _____

Describe location or attach sketched map with landmarks and approximate distances

NAME OF ORIGINAL OWNER: _____

MAILING ADDRESS: _____ CITY: _____

ZIP CODE: _____ TELEPHONE: _____

LOCATION OF PROPERTY IF LOCATED IN A SUBDIVISION:

_____/_____/_____/_____
Name of Subdivision Section No. Block No. Lot No.

Acreage or Tract Size: _____ Water Source: _____

Is any part of property in the flood plain? YES _____ NO _____

DESCRIPTION OF DWELLING TO BE SERVED:

- SINGLE FAMILY MULTI FAMILY COMMERCIAL/INSTITUTIONAL
 OTHER

Dwelling: _____ SQ. FT. Number of Bedrooms _____

TYPE OF ON-SITE SEWAGE FACILITY APPLIED FOR: (check one)

- | | |
|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Lateral Lines/Conventional Septic | <input type="checkbox"/> Aerobic Treatment Unit |
| <input type="checkbox"/> Leaching Chambers (Panels) | <input type="checkbox"/> Low Pressure Dosing |
| <input type="checkbox"/> Evapotranspiration Beds (ET) | <input type="checkbox"/> Other _____ |

CONSTRUCTION INFORMATION:

Original Installer's Name: _____ **Telephone No.** _____

Address: _____

APPROX. DATE PROPERTY WAS PURCHASED: _____

Authorization is hereby given to the Environmental Health Division of Denton County Public Health, the Texas Commission on Environmental Quality (TCEQ), and the Department of State Health Services (DSHS), or their agents or designees, singly or jointly, to enter upon the above described property for the purpose of inspecting private sewage facilities or for any reason consistent with the enforcement of these regulations set by the TCEQ, DSHS or Denton County.

Date: _____

Signature of Owner

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