

**TARRANT REGIONAL WATER DISTRICT  
APPLICATION FOR SUBDIVISION  
SEWAGE DISPOSAL PLAN**

**TRWD USE ONLY**



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TRWD RESERVOIR

APP. NO.: \_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_

\_\_\_\_\_

COUNTY OF INSTALLATION

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

Lake Bridgeport 1710 FM 1658 Bridgeport, TX 76426 940-683-2349 940-683-4016 (FAX)	Cedar Creek Lake 6613 Ashby Lane Trinidad, TX 75163 903-432-2814 903-432-3355 (FAX)	Eagle Mountain Lake 10201 North Shore Drive Fort Worth, TX 76135 817-237-8585 817-237-8563 (FAX)	Richland-Chambers Reservoir 140 FM 416 Streetman, TX 75859 903-389-3928 903-389-7587 (FAX)
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1. PROPERTY OWNER'S NAME: \_\_\_\_\_  

(LAST)
(FIRST)
(MIDDLE)
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_  

(STREET/PO BOX)
(CITY/STATE)
(ZIP)
3. TELEPHONE NO. DURING DAY: ( \_\_\_\_\_ ) \_\_\_\_\_
4. SITE ADDRESS: \_\_\_\_\_  

(STREET)
(CITY/STATE)
(ZIP)
5. PROPERTY DESCRIPTION: SUBDIVISION: \_\_\_\_\_  
 Section # \_\_\_\_\_ Acreage \_\_\_\_\_ Survey \_\_\_\_\_
6. SOURCE OF WATER:  Private Well  Public Water Supply \_\_\_\_\_  
(NAME OF SUPPLIER)
7. IS AN ORGANIZED SEWAGE COLLECTION WITHIN 300 FEET?  Yes  No
8. DESIGNER: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Tarrant Regional Water District to enter upon the above described private property for the purpose of lot evaluation and inspection of on-site sewerage facilities. I understand that the approval of this application constitutes authorization for construction of the on-site sewerage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with TCEQ's *On-Site Sewage Facility Rules (OSSF)* and the District's *Waste Control Order*.

\_\_\_\_\_  
(SIGNATURE OF OWNER)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF AUTHORIZED DISTRICT REPRESENTATIVE)

\_\_\_\_\_  
(DATE)