



**APPLICATION FOR ON-SITE SEWAGE  
FACILITY EXISTING INDIVIDUAL  
SEWAGE DISPOSAL SYSTEM**

CITY OF LAKESIDE CITY  
MAIL TO: PO BOX 4287  
WICHITA FALLS, TEXAS 76308  
Phone: 940-691-6603

**\$125 per Inspection**

**Inspection fee MUST be paid in advance  
before inspection is completed.**

<b>LSC USE ONLY</b>
_____ Date _____
_____ Zone _____
_____ Amount _____
_____ Check/Receipt # _____

SITE ADDRESS: \_\_\_\_\_  
(City) (State) (Zip)

Property Owner's Name: \_\_\_\_\_  
(First) (Last)

Is this property in contract? \_\_\_\_ Yes \_\_\_\_ No When does the Option period end? \_\_\_\_\_

**This Inspection is being ordered by:** \_\_\_\_ Seller \_\_\_\_ Sellers Agent \_\_\_\_ Buyer \_\_\_\_ Buyers Agent

Real Estate Agent (Name & Company): \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_  
(First) (Last)

Cell Phone #: \_\_\_\_\_ Email : \_\_\_\_\_

Source of Water: Lakeside City Water Supplier: City of Wichita Falls, Texas Type of System: Modified Septic

**SEND RESULTS TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Lakeside City to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage 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, TAC 30, Chapter 285. **NOTE:** If the system fails inspection, the property owner MUST comply with TCEQ's "On-Site Sewage Facility Rules", TAC 30, Chapter 285 within thirty (30) days of the inspection or legal action may be taken.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)