

# APPLICATION FOR ON-SITE SEWAGE FACILITY (OSSF) CONSTRUCTION PERMIT AND LICENSE TO OPERATE IN SABINE COUNTY

New Installation

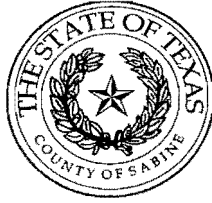
Repair

Modification

If repairing or modifying original system:

Date Original System Installed \_\_\_\_\_

Permit # \_\_\_\_\_



OFFICIAL USE ONLY	
Date ATC	_____
Date LTO	_____

Property Owner's Name: \_\_\_\_\_  
Last First MI

Permanent Mailing Address: \_\_\_\_\_  
Street No / P.O. Box Physical Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Phone At Property \_\_\_\_\_  
If different

Site Address(if different) \_\_\_\_\_  
Number Street or Road City State Zip

Directions to On-Site Sewage Facility Location: \_\_\_\_\_

Sabine County Appraisal District Phone # 409-787-2777

Sabine County Tax Office Phone# 409-787-2257

Property Description: \_\_\_\_\_  
Subdivision Section Block Lot# Lot Size

If other than Subdivision \_\_\_\_\_  
Acreage Survey Name Survey #

Installer's Name: \_\_\_\_\_ Installer's License # \_\_\_\_\_

Installer's Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Source of Water: Private Well \_\_\_\_\_ Public Water Supply \_\_\_\_\_ Name of Public Water Supply \_\_\_\_\_

Type of Structure OSSF will service: \_\_\_\_\_

Living Area (ft<sup>2</sup>) \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Type of OSSF \_\_\_\_\_

Site & Soil Evaluator's Name: \_\_\_\_\_ License number \_\_\_\_\_

Included Site and Soil Evaluation Reports.  
If required include Professional Design.

Professional Designer's Name: \_\_\_\_\_ License Number \_\_\_\_\_

Include a drawing to scale showing the proposed location of OSSF, drainfield or disposal field, water well or water supply lines, in regard to property lines, corners, etc...(include neighbor's information)

Include Fee with this Application: **(SEE FEE SCHEDULE)** Make Checks payable to: Sabine County, Tax Office  
 Return Completed Application, Fee, & Reports to: County of Sabine, Tax Office, OSSF DR, 213 Market St, P.O. Box 1773, Hemphill, TX 75948  
**SEE FEE SCHEDULE** Phone 409-787-3570 Fax 409-787-4943

I certify that the above statements are true and correct to the best of my knowledge. Authority is hereby given to the OSSF DR and/or TCEQ or their agents or designees, singularly or jointly to enter upon the described property for the purpose of making site evaluations, inspecting OSSF systems or for any reason consistent with the water quality programs of Sabine County and/or the TCEQ

\_\_\_\_\_  
 (Signature of Applicant) (Date)