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 #_____

OFFICAL 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 Pulblic Water Supply_____

Type of Structure OSSF will service: _____

Living Area (ft^2) _____Number if 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
FEE IS NOT REFUNDABLE 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 of 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

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(Signature of Applicant) (Date)