MILLS COUNTY P.O. BOX 483 GOLDTHWAITE, TX 76844 325-648-2222 325-648-2806 fax

PERMIT PROCEDURE FOR ON-SITE SEWAGE FACILITY:

ALL pages in packet MUST be filled out completely "SEE ATTACHED" WILL NOT BE ACCEPTED

Obtain an application from Mills County Judge's Office.
— Have appropriate individual (Registered Sanitarian, Professional Engineer, or Licensed Installer) perform mandatory soil identification procedure.
— Have appropriate individual prepare planning materials. Professional design (R.S., P.E.) is required for proprietary and non-standard systems.
If installing an Aerobic/Surface System an AFFIDAVIT TO THE PUBLIC (last page of this permit) must be filed with the County Clerk's office and a copy attached to the permit.
Submit <u>completed</u> application and technical information sheet (in property owner's name) <u>with all pages intact</u> . Include the appropriate fee for permit \$210.00 and <u>copy of legal</u> <u>description</u> from deed of property – may obtain through Clerk's office or Appraisal Dist
Plans and application will be reviewed by county staff.
Upon approval an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance. <u>After one year, a new application and fees are required</u> .
Begin construction. Inspection is required <i>BEFORE</i> covering of the system. Contact county inspector at least 5 working days in advance to arrange for the inspection.

GENERAL INFORMATION:

AS OF 7-27-09 PERMIT REQUIRED REGARDLESS OF ACREAGE

- 1. Mills County Inspector, Al Hamrick 325-372-1751
- 2. No refund of any amount will be granted.
- 3. Inspection Fee is included in the permit fee.
- 4. A **re-inspection fee** equal to ½ the permit amount must be **paid by the installer** for each time the system must be re-inspected. All fees must be paid before a Notice of Approval will be issued.

MILLS COUNTY APPLICATION FOR ON-SITE SEWAGE FACILTY NEW CONSTRUCTION AND/OR MODIFICATION

New Installation Application #				
Modification			Date	
		Am	nount	
Property Owner's Name:				
Troperty Owner's Name.	Last)	(First)	(Middle)	
Phone number during the day				
Mailing Address:	· •			
Mailing Address:Site Address:				
Legal Description: Sec		T.ot	Date	
Subdivision				
Other than Subdivision	ı. Acreage	S	IIIVEV	
other than bubulyision	ii. Acreage	S	ui vey	
Source of WaterPri	vate Well	Public V	Water Supply	
	_	(Nama o	f Supplier)	
Single Family Residence: No.	of Redrooms			
Commercial/Institutional (Inc				
Type:	_			
Number of Employees/Occup	/I Inits	Davs Occui	nied ner Week	
rumber of Employees, occup-	., emes	Buys Occup	pieu per Week	
Site Evaluator:		Certification#_		
Designer:	Lice	nse No. (PE or I	RS)	
Phone No.				
Installer				
Type of Disposal System:				
Evapotranspiration Bed	dsE Z f	low Systems	Graveless Pipe	
Leaching Chambers		_	•	
Pumped Effluent	_Standard Tr	enches/Beds _	Surface Applications	
I certify that the above statem	ents are true	and correct to t	the best of my knowledge.	
Authorization is hereby given	to the Mills (County On-Site	Sewage Agent to enter	
upon the above described pro	perty for the j	purpose of lot e	valuation and inspection of	
on-site sewage facility and tha	t a permit to	operate the faci	lity will be granted	
following successful inspection	n of the install	ed system.		
- <u>-</u>		-		
Signature of Owner			Date	
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MILLS COUNTY ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

APPLICATION #

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINITRATIVE PENALTIES.

Owner's Name:		,
Professional design required? Yes		
If yes, professional design attached?	YesNo	
Sewer (House drain): Type and size of Slope of sewer pipe to tank:		
2. Daily Wastewater usage rate: Q = Water saving devices: Yes	(gallons	per day)
3. Treatment Unit:		
a. Septic Tank - Manufacturer		
Tank dimensions	Liquid depth	
Size required		
•		
b <u>Aerobic</u> – Manufacturer:	Mod	del #
Size required	Size Proposed _	
c Other		
c. Other: (Please attach description.)		
A Diamonal Stratomy Tyma		
4. Disposal System: Type Area Required:	Area Proposed	
rica required.	/ nea i roposea	
5. Additional Information (Note – This is be completed.) a. Site Evaluation b. Planning Materials	nformation must be attac	ched for review to
Designer's Signature	Registration No.	——————————————————————————————————————

Date:	Application No.:
Applicant Information:	Site Evaluator Information:
Name:	Name:
Address:	Company
City:State	Address:
Zip Phone:	City: State
	Zip Code: Phone:
Property Location:	Installer Information:
LotBlockSubdivision	Name:
Address:	Company:
City:State:	Address:
Zip:County:	City: State:
Unincorporated Area?YesNo	Zip Code: Phone:
	Email or Fax:
 Compass North, adjacent streets, probuildings, easements, swimming pooknown. Location of existing or proposed wath a lindicate slope or provide contour ling the proposed soil absorption irrigation. Location of soil borings or dug preference point.) Location of natural, constructed, or 	of Lot or Tract operty lines, property dimensions, location of ols, water lines, and other structures where ter wells within 150 feet of property nes from the structure to the farthest location of on area. pits (show location with respect to a known proposed drainage ways, (steams, ponds, lakes, es) water impoundment areas, cut or fill blank
Lot Size:Acres	

Site Drawing Scale: 1 inch = 50 ft.
Compass North
N W E S
SKETCH MUST BE DRAWN TO SCALE & SHOW LOCATION OF SOIL SAMPLE POINTS OF SOIL ANALYSIS.
Features of Site Area
Presence of 100-year flood zone?YesNo Presence of upper water shed?YesNo Presence of adjacent ponds, streams, water impoundments?YesNo

Existing or proposed water well in nearby area? _____Yes ____No Organized sewage service available to lot or tract? _____Yes ____No

License No.: ______ Date: _____

Site Evaluator: _____ Signature: _____

Application	#
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OSSF SOIL EVALUATION

Date Performe Property Loca Proposed Exc	tion:	:			
proposed d 2. Locations o 3. For subsurfeet below must be ev 4. Describe ea	o soil excavati isposal area. of soil boring of face disposal, the proposed of aluated.	or dug pits musoil evaluation de excavation de on and identify	performed on the south on the south on the shown on the second of the se	is site drawing ned to a depth lisposal, the su	g. of at least two rface horizon
Soil Boring N	umber:				
Depth	Textural	Structure	Drainage	Restrictive	Observations
(Feet)	Class	(is applicable)	(Mottles/Water Table)	Horizon	
0					
1					
2					_
3					
4					
5					
Soil Boring N	umber:				
Depth	Textural	Structure	Drainage	Restrictive	Observations
(Feet)	Class	(is applicable)	(Mottles/Water Table)	<u> Horizon</u>	
0					
1					_
1					
2					
3					
3					
4					
5					
I certify that the to the best of the best	my ability.	this report are	e based on my field		
Signature of S	ite Evaluator		License	e #	Date

AFFIDAVIT TO THE PUBLIC

COUNTY OF MILLS STATE OF TEXAS

Before me, the undersign					ly sworn unon oath	
, who, after being by me duly sworn, upon oath states that he/she is the representative of, or owner of record of that certain tract or parcel of land lying and being situated in Mills County, Texas, and being more particularly described as follows:						
Name of Owner of Prope	erty					
Physical Address of Prop	erty					
Survey Name	At	ost v	Vol	Page(s)	Acres	
OR Subdivision		Phase	Blk _	Lot		
GPD is the max	imum usage for th	nis residen	ce			
() EVAPOTRANSPOR. The undersigned further described property, infor utilized on the property. limits. () AEROBIC SYSTEM: The undersigned further described property, requestransferee. Any buyer or approved maintenance contents.	states that he/she m any buyer or tra State law requires states that he/she est a transfer of petransferee is herel	ansferee the this due to will, upon ermit to op	at an Exo the system any sale perate such that a notation	apotranspo etem's wast e or transfe ch system t	orative drain field is tewater disposal or of the above to the buyer or	
Failure to abide by the al County, Texas for On-Si with the Justice of the Pe	te Sewage Faciliti	es and wi	ll result i	n the filing	g of a complaint	
WITNESS MY HAND	on this the	day of			, 20	
SWORN TO AND SUB.	SCRIBED BEFOR	RE ME or	this the	day		
N	OTARY OF PUB	LIC in and	d for the	STATE OI	F TEXAS	
Licensed Installer's Sign	ature					