

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 Site Evaluator) 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. (Filing fee applies)
- ___ Submit **completed** application and technical information sheet (in property owner's name) **with all pages intact**. Include the appropriate fee for permit **\$335.00** and **copy of legal description** 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. After one year, a new application and fees are required.
- ___ Begin construction. Inspection is required ***BEFORE*** 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.

New Installation _____ **Application #** _____
Modification _____ **Date** _____
Amount _____

Phone number during the day:

Site Address: _____

Other than Subdivision: Acreage	Survey
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Single Family Residence:

Commercial/Institutional (Including multi-family residence) _____

Number of Employees/Units **Days Occupied per Week:**

Site Evaluator: _____ Certification # _____

Phone No. _____

Type of Disposal System:	Absorptive Mount	Drip Irrigation
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Leaching Chambers Low Pressure Dosing PTI Systems

Date

**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
ADMINISTRATIVE PENALTIES.**

Owner's Name: _____ County _____

Professional design required? _____ Yes _____ No

If yes, professional design attached? _____ Yes _____ No

1. Sewer (House drain): Type and size of pipe: _____
Slope of sewer pipe to tank: _____

2. Daily Wastewater usage rate: Q = _____ (gallons per day)
Water saving devices: _____ Yes _____ No

3. Treatment Unit:

a. _____ Septic Tank - Manufacturer _____
Tank dimensions _____ Liquid depth _____
Size required _____ Size Proposed _____

b. _____ Aerobic – Manufacturer: _____ Model # _____
Size required _____ Size Proposed _____

c. _____ Other: _____
(Please attach description.)

4. Disposal System: Type _____
Area Required: _____ Area Proposed _____

5. Additional Information (**Note – This information must be attached for review to be completed.**)

a. **Site Evaluation**

b. **Planning Materials**

Designer's Signature

Registration No.

Date

Date: _____

Application No.: _____

Applicant Information:

Site Evaluator Information:

Name: _____

Name: _____

Address: _____

Company: _____

City: _____ State: _____

Address: _____

Zip: _____ Phone: _____

City: _____ State: _____

Email: _____

Zip Code: _____ Phone: _____

Property Location:

Installer Information:

Lot ___ Block ___ Subdivision _____

Name: _____

Address: _____

Company: _____

City: _____ State: _____

Address: _____

Zip: _____ County: _____

City: _____ State: _____

Unincorporated Area? ___ Yes ___ No

Zip Code: _____ Phone: _____

Email or Fax: _____

Schematic of Lot or Tract

Show:

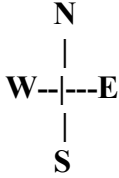
- Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.
- Location of existing or proposed water wells within 150 feet of property
- Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption irrigation area.
- Location of soil borings or dug pits (show location with respect to a known reference point.)
- Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill blank, sharp slopes and breaks.

Lot Size: _____ Acres

Application # _____

Site Drawing
Scale: 1 inch = 50 ft.

Compass
North



**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? ☐ Yes ☐ No
Presence of upper water shed? ☐ Yes ☐ No
Presence of adjacent ponds, streams, water impoundments? ☐ Yes ☐ No
Existing or proposed water well in nearby area ? ☐ Yes ☐ No
Organized sewage service available to lot or tract ? ☐ Yes ☐ No

Site Evaluator: _____ Signature: _____
License No.: _____ Date: _____

Application # _____

OSSE SOIL EVALUATION

Date Performed: _____

Property Location: _____

Proposed Excavation Depth: _____

Requirements:

1. At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.
2. Locations of soil boring or dug pits must be shown on this site drawing.
3. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
4. Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring Number:

Depth	Textural	Structure	Drainage	Restrictive	Observations
(Feet)	Class	(is applicable)	(Mottles/Water Table)	Horizon	
0					
1					
2					
3					
4					
5					

Soil Boring Number:

Depth	Textural	Structure	Drainage	Restrictive	Observations
(Feet)	Class	(is applicable)	(Mottles/Water Table)	Horizon	
0					
1					
2					
3					
4					
5					

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

Signature of Site Evaluator

License #

Date

AFFIDAVIT TO THE PUBLIC

COUNTY OF MILLS
STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared _____, 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 Property _____

Physical Address of Property _____

Survey Name _____ Abst. ____ Vol. ____ Page(s) ____ Acres ____

OR

Subdivision _____ Phase ____ Blk ____ Lot ____

_____ GPD is the maximum usage for this residence

() EVAPOTRANSPORATIVE

The undersigned further states that he/she will, upon any sale or transfer of the above described property, inform any buyer or transferee that an Evapotransporative drain field is utilized on the property. State law requires this due to the system's wastewater disposal limits.

() AEROBIC SYSTEM:

The undersigned further states that he/she will, upon any sale or transfer of the above described property, request a transfer of permit to operate such system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the system.

Failure to abide by the above stated conditions constitutes a violation of the Rules of Mills County, Texas for On-Site Sewage Facilities and will result in the filing of a complaint with the Justice of the Peace Court having jurisdiction in the area where the offense

WITNESS MY HAND on this the _____ day of _____, 20 ____.

(Representative or Property Owner's Signature)

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20 ____ by _____.

NOTARY OF PUBLIC in and for the STATE OF TEXAS

Licensed Installer's Signature