

**APPLICATION TO INSTALL ON-SITE SEWAGE FACILITY**

**Hartley County**  
**PO Box G**  
**Channing, TX 79018**

**Inspectors**

**Ronnie Gordon**

**806-235-3442 Office**  
**806-235-2060 Home**  
**806-333-0752 Cell**

**FEES**

**\$160.00 Residential**

**\$230.00 Commercial or Business**

**\* Application must be submitted to this office and approved prior to the start of construction\***

<b>DEPARTMENT USE ONLY</b>
Modification: _____
Original date: _____
County : HARTLEY

**HARTLEY COUNTY**

Application to Install, Modify, Repair  
or Alter an On-Site Wastewater System

Receipt Number
Date paid: _____
Date Issued: _____
Permit #: _____

LAND OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

INSTALLER'S NAME: \_\_\_\_\_ CERT. # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

DIRECTIONS TO SITE: \_\_\_\_\_

NEW CONSTRUCTION: \_\_\_\_\_ REPLACEMENT: \_\_\_\_\_ REPAIR: \_\_\_\_\_ UPGRADE: \_\_\_\_\_

\* ALL SYSTEM REPAIRS AND MODIFICATIONS MUST COMPLY, WITH THE CURRENT TCEQ "CONSTRUCTION STANDARDS"

WATER SOURCE: \_\_\_\_\_ PRIVATE WELL \_\_\_\_\_ PUBLIC WATER SUPPLY \_\_\_\_\_

Legal description as recorded in tax records. Contact Hartley County Tax Appraisal District for legal description @ (806) 235 - 4515 <sup>(NAME)</sup>

COUNTY	_____	SECTION	_____
SURVEY or SUB-DIVISION	_____	BLOCK	_____
UNIT NUMBER	_____	TRACT	_____
LOT	_____	LOT SIZE	_____

**THE FOLLOWING INFORMATION MUST BE COMPLETED BEFORE A PERMIT WILL BE ISSUED**

SOIL CLASSIFICATION	_____	SITE EVALUATION ATTACHED	_____
RESIDENCE or MOBILE HOME	_____	COMMERICAL FACILITY (TYPE)	_____
NUMBER OF BEDROOMS	_____	LIVING AREA ( SQUARE FEET )	_____
MAXIMUM FLOW RATE (GPD)	_____	SEWER PIPE SIZE & RATING	_____
TANK CAPACITY IN GALS.	_____	TANK MATERIAL	_____
NO. OF COMPARTMENTS	_____	NO. OF TANK ACCESS RISERS	_____
NO. OF LINE CLEANOUTS	_____	EFFLUENT FILTER	_____
TRENCH DEPTH	_____	PIPE & GRAVEL OR OTHER TYPE	_____
TRENCH WIDTH IN S.F.	_____	MEDIA TYPE / TONS	_____
TRENCH LENGTH IN L.F.	_____	NO. OF LEACHING CHAMBER	_____
SQUARE FEET REQUIRED	_____	SQUARE FEET INSTALLED	_____

(over)

If your septic system is any of the types shown below it must have design approval by a Professional Engineer or Registered Sanitarian

pressure dosing	composting toilet	mound system
surface irrigation	aerobic treatment	greywater system
sewage recycling		

DESIGNER: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

If you can not install the septic system and meet all of these minimum setback requirements shown below is there a signed variance form attached?     YES     NO

ARE MINIMUM SETBACK REQUIREMENTS MET?					
From: Minimum distance requirements	To: Tank	To: Drainfield	YES	NO	N/A
Wells yours and neighbors'	50	100			
Public water lines	10	10			
Property lines	5	5			
All trenches or beds at least 3 feet apart					
All trenches are 150 feet or shorter					
Will step downs be installed					
All trenches will be 5 feet deep or less					
Streams and ponds (include dry ones)	50	50			
Sharp slopes	5	25			
Foundations	5	5			
Easements	1	5			
Soil absorption	5	5			
Swimming pools	25	25			

**ATTACH A DETAILED AND ACCURATE DRAWING INDICATING SYSTEM LAYOUT  
ALL PORTIONS OF THE SOIL ABSORPTION FIELD MUST BE LEVEL**

It is hereby stipulated and agreed by the undersigned, who is the applicant for such permit, that in consideration of the issuance of such permit, the said applicant will conform with all the provisions of Texas Construction Standards for Private Sewage Facilities, and with all orders that may be made from time to time by the Authorized Agent, and it is further stipulated and agreed that the Authorized Agent, or his representative, is granted permission to inspect the premises and system of the undersigned insofar as it pertains to the provisions of Texas Construction Standards for Private Sewage Facilities and that the information given herein is true and correct.

Are you familiar with all the provisions of Texas Construction Standards for private sewage facilities?  
If using gravelless pipe or leaching chamber, are you familiar with their installation guidelines?

It is further agreed that an inspection by the Designated Representative must be made before backfill is done, a fee of **\$ 160.00** must accompany this application for permit. This permit shall be valid for a period of 360 days. The permit fee for commercial facilities is **\$ 230.00**.

\_\_\_\_\_  
Applicants Signature - Owner or Owners Agent

**PLEASE RETURN THIS APPLICATION TO:**

Mr. Ronnie Gordon  
County Judge - Hartley County  
Drawer G, Channing, Texas 79018  
Telephone: ( 806 ) 235-3442

Date of Approval \_\_\_\_\_

By: \_\_\_\_\_  
DESIGNATED REPRESENTATIVE

(OVER)

## HARTLEY COUNTY SITE AND SOIL EVALUATION REPORT

<b>Date:</b>	<b>THE SITE AND SOIL EVALUATION SHALL BE PERFORMED BY A TEXAS COMMISSION ON ENVIRONMENTAL QUALITY CERTIFIED SITE EVALUATOR. THIS SITE EVALUATION MUST BE ATTACHED TO ALL OSSF PERMIT APPLICATION.</b>
<b>County:</b>	
<b>Reviewed by:</b>	

Property Owner: _____	Phone Number _____
Property Owner's Mailing address: _____	
Property Address: _____	
	City _____ State _____ Zip Code _____
Subdivision/Survey _____	Section: _____ Block _____ Lot _____

<input type="checkbox"/> New Construction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Addition	<input type="checkbox"/> Number of bedrooms _____	<input type="checkbox"/> Living Area S.F. _____
Non-Residential use/describe _____	Lot size (sq. ft. / acres) _____			
Daily Flow ( GPD ) _____	Absorption area required ( Sq. Ft. ) _____			
Flood Plain reviewed _____	Design Recommendations _____			

S = Suitable U = Unsuitable	<b>CONVENTIONAL</b> ( ) S ( X ) U	<b>LEACHING CHAMBER</b> ( ) S ( ) U	<b>SAND FILTER</b> ( ) S ( ) U	<b>ETA</b> ( ) S ( ) U
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### BORING # 1

Horizon	Depth Inches	Color Munsell	Drainage	Texture	Structure	Seasonal Water	Soil Class
Notes: _____							

### BORING # 2

Horizon	Depth Inches	Color Munsell	Drainage	Texture	Structure	Seasonal Water	Soil Class
Notes: _____							

### REMARKS:

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Evaluation performed by: _____ Address: _____ Signature: _____	Certification # _____ Phone Number: _____ Date: _____
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