



ON-SITE SEWAGE FACILITY PROGRAM
APPLICATION FOR NEW CONSTRUCTION AND MODIFICATION

Updated 2/26/2019

Installation type <input type="checkbox"/> New Installation <input type="checkbox"/> Modification			
Deeded Property Owner (First Middle Last)			
Deeded Property Owner Mailing Address			
City	State	ZIP	
Property Owner Phone	Property Owner Email		
Site Address			
City	State	ZIP	
Site Legal Description			
Section	Block	Lot	Acreage
Subdivision	<input type="checkbox"/> N/A	Survey	<input type="checkbox"/> N/A
<input type="checkbox"/> Single Family Residence			
# of Bedrooms		Living Area Square Footage	
<input type="checkbox"/> Commercial/Institutional (including multi-family residences)			
Type	# Employees/Occupants/Units	Days Occupied Per Week	
Site Evaluator		Site Evaluator Certification Number	
Designer		Designer License Number	<input type="checkbox"/> PE <input type="checkbox"/> RS
Designer Phone Number		Designer Email	
Installer		Installer Registration Number	
Installer Phone Number		Installer Email	
Installer Address			
City	State	ZIP	
<i>I certify that the above statements true and correct to the best of my knowledge. Authorization is hereby given to the City of Cedar Hill and the Texas Commission on Environmental Quality (TCEQ) to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicate that the system was installed in compliance with 30 TAC 285.</i>			
Deeded Property Owner Signature		Date	



**ON-SITE SEWAGE FACILITY PROGRAM
TECHNICAL INFORMATION FOR PERMIT**

Updated 2/26/2019

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.

**UNAUTHORIZED CONSTRUCTION SHALL RESULT IN ENFORCEMENT INCLUDING BUT NOT LIMITED TO CIVIL OR
ADMINISTRATIVE CITATIONS AND COURT PROCEEDINGS.**

Deeded Property Owner Name (First Middle Last)

Site Address

City	State	ZIP
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County

Dallas County Ellis County

Professional Design Required

NO YES If YES, professional design attached NO YES

Sewer Pipe Material Type	Sewer Size of Pipe	Slope of Sewer Pipe to Tank
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Daily Wastewater Usage Rate (Gallons Per Day)	Water Savings Devices <input type="checkbox"/> NO <input type="checkbox"/> YES
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Septic Tank

Septic Tank Dimensions	Septic Tank Liquid Depth (tank bottom to outlet)
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Septic Tank Size Required	Septic Tank Size Proposed
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Aerobic System

Aerobic System Manufacturer	Aerobic System Model Number
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Aerobic System Size Required	Aerobic System Size Proposed
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Other Type (PLEASE ATTACH DESCRIPTION)

Disposal System Type

Disposal System Area Required	Disposal System Area Proposed
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Additional Information (NOTE – This information must be attached for review to be completed)

Site Evaluation
 Planning Materials

The attached checklist details those items that must be addressed under each of these categories.

Designer Name (PRINT)	Date
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Designer Signature



AFFIDAVIT TO THE PUBLIC CERTIFICATION OF OSSF

THE COUNTY OF _____
STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared (name of homeowner(s)) who, after being by me duly sworn, upon oath states that he/she is the owner of record of that certain tract or parcel of land lying and being situated in _____ County, Texas and being more particularly described as follows:

Address: _____

Lot: _____ Block: _____ Subdivision: _____

Tract: _____ Abstract: _____ Survey: _____ Acres: _____

The undersigned further states that he/she will, upon sale or transfer of the above-described property, request a transfer of the on-site sewage facility (OSSF) permit to operate such OSSFs to the buyer or transferee. Any buyer or transferee is hereby notified that in accordance with Chapter 285.7(f) of the Texas Administrative Code, ongoing maintenance shall be provided by a maintenance company for use of the system.

- 1.) The owner of each OSSF shall continuously maintain a signed written contract with a valid maintenance company for the first two years and shall submit a copy of the contract to the City of Cedar Hill at least 30 days prior to expiration of the previous contract.
- 2.) If the property owner or maintenance company desires to discontinue the provisions of the maintenance contract, the maintenance company shall notify, in writing, the City of Cedar Hill at least 30 days prior to the date service will cease.
- 3.) If a maintenance company discontinues business, the property owner shall within 30 days of the termination date, contract with another approved maintenance company and provide the City of Cedar Hill with a copy of the newly signed maintenance contract.
- 4.) After the initial two-year policy, the owner of an aerobic treatment system for a single-family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

WITNESS MY /OUR HAND(S) on this _____ day of _____, _____.

Notary Public, State of Texas

Owner(s) Signature(s)

Notary's Printed Name

Owner(s) Signature(s)

Commission Expires

Owner(s) Signature(s)

Note: This document must be recorded at the county clerk's office where the OSSF is located.

Dallas County Clerk's Office: 500 Elm Street, Suite 2100, Dallas, TX 75202

Ellis County Clerk's Office: 109 S Jackson Street, Waxahachie, TX 75165



ON-SITE SEWAGE FACILITY PROGRAM

OSSF CHECKLIST

Updated 10/31/2022

	ITEM	COMPLETION DATE & REVIEWER INITIALS
OSSF PERMIT APPLICATION PACKET	<input type="checkbox"/> Application for new construction and modification	
	<input type="checkbox"/> Technical information including design calculations	
	<input type="checkbox"/> Equipment and material specifications	
	<input type="checkbox"/> Legal description of the property	
	<input type="checkbox"/> Site evaluation	
	<input type="checkbox"/> Soil evaluation report	
	<input type="checkbox"/> Scale drawings of the property showing proposed construction and project specific features	
	<input type="checkbox"/> Affidavits as required	
	<input type="checkbox"/> Maintenance contracts with dates	
FEE	<input type="checkbox"/> Permit application fee paid	
CONSTRUCTION AND INSPECTION	<input type="checkbox"/> Authorization to Construct	
	<input type="checkbox"/> Construction	
	<input type="checkbox"/> Inspection	
	<input type="checkbox"/> Notice of Approval	

Contact the City Designated Representative for project specific questions.

Reviewer's Notes:

For Office Use Only

Address: _____

Permit #: OSS-_____

Recvd from Building Inspections: _____/_____/_____

Reviewer: _____