



HARRISON COUNTY ENVIRONMENTAL HEALTH
3800 FIVE NOTCH RD. MARSHALL, TEXAS 75672

Office (903) 938-8339 Fax (903) 938-0969 www.co.harrison.tx.us

Installer's OSSF Application Checklist

Homeowner: _____

911 Street Address: _____

City : _____, Zip : _____

If no 911 Call 866-453-2300 or (903) 657-0911) Date Requested: _____

Is location within City Limits? Yes or No

Copy of homeowner's Deed? Yes or No If no, what type Legal Description? _____

Will owner occupy this home? Yes or No Name of occupant if no. _____

Has mailbox been installed? Yes or No If no, when? _____

Installer: _____

1. Completed OSSF Application _____
PROPERTY OWNERS DRIVERS LICENSE NUMBER REQUIRED

2. OSSF Design _____

3. Technical Data Sheet _____

4. Completed Site Evaluation _____

5. Written Report (Planning Material) _____

6. 2 year Initial Service Policy _____ *

*Don't enter start date; will be entered by HCEH upon approval of permit.

7. Affidavit Filed at County Courthouse _____

8. Directions/map to the Site _____

9. Appropriate Fee _____

X _____

Installer's Signature

NOTE: The above is a general checklist for an OSSF system. For systems other than aerobic, use N/A for any item that does not apply. If variance requests include water restriction, be sure the maintenance contract and affidavit address this issue. (HCEH 2/2010)