

**ALL FEES ARE  
NON-  
REFUNDABLE  
APPLICATION  
FEE: \$50.00**

**HARRISON COUNTY ENVIRONMENTAL HEALTH  
3800 FIVE NOTCH ROAD, MARSHALL, TX 75672  
OFFICE: (903) 938-8339 FAX: (903) 938-0969**



**APPLICATION FOR  
OSSF DEVELOPMENT/SUBDIVISION PLAN**

<b>HCEH USE ONLY</b>
_____
RECEIPT NO.
_____
DATE
_____
AMOUNT

1. DEVELOPERS NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)
2. PERMANENT MAILING ADDRESS: \_\_\_\_\_
3. TELEPHONE NO. DURING DAY: (\_\_\_\_\_) \_\_\_\_\_ 4. EMAIL: \_\_\_\_\_
5. SITE ADDRESS & CITY : \_\_\_\_\_
6. SUBDIVISION NAME: \_\_\_\_\_
7. LEGAL DESCRIPTION: \_\_\_\_\_
8. DEVELOPMENT SIZE \_\_\_\_\_ acres NUMBER OF LOTS: \_\_\_\_\_ MINIMUM LOT SIZE \_\_\_\_\_ acres
9. IS ANY PORTION OF THE DEVELOPMENT WITHIN A FEMA DESIGNATED FLOODPLAIN?  YES  NO
10. SOURCE OF WATER:  Private Well  Public Water Supply \_\_\_\_\_  
(Name of Supplier)
11. TYPES OF ON-SITE SEWAGE FACILITIES (OSSF):  Standard  Non Standard / Proprietary (i.e. Aerobic)
12. SITE EVALUATOR: \_\_\_\_\_
13. DESIGNER: \_\_\_\_\_ LICENSE NO. (PE or RS): \_\_\_\_\_
14. PHONE NO.: (\_\_\_\_\_) \_\_\_\_\_

**I \_\_\_\_\_, as owner or authorized agent for the owner of the proposed development described in this application do hereby certify that I am personally familiar with the facts and representations presented herein and declare that to the best of my knowledge all the information contained herein is true and correct.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)