



HILL COUNTY SHERIFF'S OFFICE - ENVIRONMENTAL COMPLIANCE UNIT

JEFF WARD ~ 254-337-1210

406 HALL STREET - HILLSBORO - TEXAS - 76645

www.jward.hill.tx.us

APPLICATION FOR ON-SITE SEWAGE FACILITY (OSSF) PERMIT **INSTRUCTIONS & REQUIREMENTS**

\$325.00 STANDARD CONVENTIONAL SYSTEM

\$475.00 NON-STANDARD SYSTEM

(NON-STANDARD SYSTEMS INCLUDE, BUT NOT LIMITED TO: AEROBIC/LPD/DRIP EMITTERS/ET BEDS/HOLDING TANKS/COMMERCIAL FACILITY/MULTI-FAMILY RESIDENCES)

OBTAIN AN APPLICATION FOR OSSF PERMIT:

-HILL COUNTY TAX OFFICE

200 EAST FRANKLIN ST., HILLSBORO, TX 76645

www.hilltax.org 254-582-4000

-HCSO – ENVIRONMENTAL COMPLIANCE UNIT

406 HALL STREET, HILLSBORO 254-582-5313 EXT 414

www.co.hill.tx.us

A SITE EVALUATION MUST BE CONDUCTED BY A LICENSED EVALUATOR. A DETAILED REPORT DOCUMENTING THE RESULTS OF THE SOIL/SITE CONDITIONS MUST ACCOMPANY THE APPLICATION FOR OSSF PERMIT.

PLANNING MATERIALS MUST BE COMPLETED BY THE REQUIRED INDIVIDUAL. STANDARD CONVENTIONAL SYSTEM PLANS MAY BE PREPARED BY THE OWNER OR INSTALLER. NON-STANDARD SYSTEM PLANS MUST BE PREPARED BY A PROFESSIONAL ENGINEER OR PROFESSIONAL SANITARIAN.

SUBMIT A COMPLETED OSSF PERMIT APPLICATION (TWO (2) PAGES), THE APPLICATION FEE (\$325.00 STANDARD/\$475.00 NON-STANDARD), SOIL/SITE EVALUATION RESULTS, ALL PLANNING MATERIALS, RECORDED "AFFIDAVIT TO THE PUBLIC", AND EXECUTED MAINTENANCE CONTRACT (IF REQUIRED) TO THE:

HILL COUNTY TAX OFFICE
PO BOX 412
200 EAST FRANKLIN STREET
HILLSBORO, TX 76645

THE APPLICATION/PLANNING MATERIALS WILL BE REVIEWED BY THE HILL COUNTY SHERIFF'S ENVIRONMENTAL COMPLIANCE UNIT PERSONNEL AND/OR THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY.

IF APPROVED, THE "AUTHORIZATION TO CONSTRUCT" PERMIT WILL BE ISSUED. THE AUTHORIZATION TO CONSTRUCT PERMIT IS VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUANCE.

THE INSTALLER MUST CONTACT THE HILL COUNTY SHERIFF'S ENVIRONMENTAL COMPLIANCE UNIT FIVE BUSINESS DAYS BEFORE THE REQUESTED DATE OF THE CONSTRUCTION INSPECTION. THE EXCAVATION/INSTALLATION SITE MUST REMAIN OPEN UNTIL THE INSPECTION HAS BEEN COMPLETED AND APPROVED.

IF APPROVED, A NOTICE OF APPROVAL PERMIT/LICENSE TO OPERATE WILL BE ISSUED TO THE OWNER WITHIN SEVEN DAYS.

NOTE: A RE-INSPECTION FEE EQUAL TO ONE HALF (1/2) THE PERMIT APPLICATION FEE MUST BE PAID FOR EACH TIME THE SYSTEM MUST BE RE-INSPECTED DUE TO A DISAPPROVAL. ALL FEES MUST BE PAID TO THE HILL COUNTY TAX OFFICE. THE TAX OFFICE ACCEPTS CASH, CHECKS, VISA AND MASTERCARD.

FOR ADDITIONAL INFORMATION OR TO REQUEST AN INSPECTION CONTACT:

JEFF WARD, HCSO ENVIRONMENTAL COMPLIANCE UNIT OFFICER
254-582-5313 EXT 414



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JEFF WARD ~ 254-337-1210

406 HALL STREET - HILLSBORO - TEXAS - 76645

jward@co.hill.tx.us

COUNTY USE ONLY:

PERMIT APPLICATION #: 109-

PID# _____

APPLICATION FOR ON-SITE SEWAGE FACILITY PERMIT

\$325.00 STANDARD CONVENTIONAL SYSTEM

\$475.00 NON-STANDARD SYSTEM

(NON-STANDARD SYSTEMS INCLUDE, BUT NOT LIMITED TO: AEROBIC/LPD/DRIP EMITTERS/ET BEDS/HOLDING TANKS/COMMERCIAL FACILITY/MULTI-FAMILY RESIDENCES)

FLOOD PLAIN PERMIT # _____

1. PROPERTY OWNER:

(LAST)

(FIRST)

(MIDDLE)

2. MAILING ADDRESS:

(STREET ADDRESS/P.O. BOX)

(CITY/STATE) (ZIP)

3. TELEPHONE NO. HOME: (_____) _____ WORK/CELL: (_____) _____

4. E-MAIL ADDRESS: _____

5. SITE ADDRESS: _____

6. PROPERTY DESCRIPTION: Lot _____ Block _____ Sec _____ Subdivision _____

OR

Survey: _____ Abstract _____ Vol. _____ Page _____

7. LOT SIZE: Acres _____ OR Dimensions _____ Survey attached YES NO

8. SOURCE OF WATER: ___ Private Well ___ Public Water Supply _____

(NAME OF WELL DRILLER OR SUPPLIER)

9. SINGLE FAMILY RESIDENCE: #Of Bedrooms _____ Living Area (Sq. Ft.) _____ Water Saving Devices Installed? Yes No

10. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____

NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: _____ Square Footage _____

11. DESIGNER: _____ Registration # _____ Phone # _____

12. INSTALLER: _____ Registration # _____

Phone # _____ E-Mail _____

13. SITE EVALUATOR: _____ Registration # _____ Phone # _____

This application is valid for one (1) year after dated receipt of payment. Authorization is hereby given to Hill County, the Texas Commission on Environmental Quality (TCEQ), the Texas Department of Health and their agents, or designees, singularly or jointly to enter upon the above described property for the purpose of inspecting sewage facilities for any reason consistent with the Texas Health and Safety Code. I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Property Owner Signature: _____ Date: _____

HILL COUNTY APPLICATION FOR ON-SITE SEWAGE FACILITY PERMIT

TECHNICAL INFORMATION

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.

PROPERTY OWNER:

(LAST)

(FIRST)

(MIDDLE)

PROFESSIONAL DESIGN REQUIRED? YES NO IF YES, PROFESSIONAL DESIGN ATTACHED? YES NO

SEWER (House Drain):

Type and Size of Pipe: _____ Slope of Sewer Pipe to Tank: _____

TECHNICAL INFORMATION:

Daily Wastewater Usage Rate: Q= _____ (gallons/day)

Water Saving Devices: YES NO

Disposal System Type: _____ Area Required Sq. Ft.: _____ Designed Area Sq. Ft.: _____

TREATMENT UNIT/TANKS:

Septic Tank:

Aerobic Unit:

Other: _____

Septic Tank Dimensions: _____ Liquid Depth: _____ (tank bottom to outlet)

Size Required: _____ Size Designed: _____

Concrete:

Fiberglass:

Other: _____

Unit Manufacturer: _____ Model No.: _____ Size: _____

Treatment Tank Serial No.: _____

Concrete:

Fiberglass:

Other: _____

ATTACH REQUIRED INFORMATION:

- SOIL/SITE EVALUATION
- PLANNING MATERIALS
- PUMP DATA
- MAINTENANCE CONTRACT
- AFFIDAVIT TO THE PUBLIC

PLEASE READ THE HILL COUNTY OSSF PERMIT APPLICATION REQUIREMENTS AND INSTRUCTIONS CHECK LIST FOR INFORMATION REGARDING REQUIRED DOCUMENTATION SUBMISSION.

DESIGNER'S/INSTALLER'S SIGNATURE: _____ LICENSE NO.: _____ DATE: _____

COUNTY USE ONLY:

PERMIT APPLICATION #: 109- _____

AUTHORIZATION TO CONSTRUCT OSSF: APPROVED DISAPPROVED DATE: _____ INSPECTOR: _____

OPEN INSPECTION: APPROVED DISAPPROVED DATE: _____ INSPECTOR: _____

FINAL INSPECTION/

AUTHORIZATION TO OPERATE: APPROVED DISAPPROVED DATE: _____ INSPECTOR: _____



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OSSF SOIL EVALUATION FORM

Date Performed: _____

Owner's Name: _____

911 Site Address: _____

City: _____ State: _____ Zip Code: _____

Site Evaluator: _____ O.S. No. _____

Proposed Excavation Depth: _____

*At least two soil evaluations must be performed on the site, at opposite ends of the disposal area. Please show the results of each soil evaluation on a separate table. Locations of soil evaluations must be shown on site drawing.

*For subsurface disposal, soil evaluations must be performed to a depth of at least 2 ft below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

* Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

* A gravel analysis is required for Class II & III soils (Chapter 285.30 (B)).

SOIL BORING NO. 1

Depth (inches)	Textual Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
12"				
24"				
36"				
48"				
60"				

SOIL BORING NO. 2

Depth (inches)	Textual Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
12"				
24"				
36"				
48"				
60"				

I certify that the above findings are true and based on my own on-the-ground field observations performed at the actual site:

Signature: _____ Site Evaluator No. _____

Address: _____

Main Phone: _____ Email: _____

The test data and other information on this report is required by Hill County design, construction, and installation of each system is based upon specific conditions affecting each lot or tract and must be approved by Hill County.

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF HILL
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE AND FOR AN OSSF LOCATED ON TWO OR MORE TRACTS OF LAND

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the deed records of Hill County, Texas.

I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the TCEQ primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

II

An OSSF meeting the requirements of 30 Texas Administrative Code §285 will be installed on the property described as:
(insert legal description):

The property is owned by: (insert owner's full name)

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved provider and/or maintenance company, and a signed maintenance contract must be submitted to the Hill County Sheriff's Office Environmental Compliance Unit within 30 days after the property has been transferred.

This OSSF is located on two or more separate legal tracts of land and the tracts cannot be sold separately. This document must be recorded with each tract's property deed affected by the OSSF.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from Hill County Sheriff's Office Environmental Compliance Unit

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 20____.

(Owner(s) Signature(s))

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS __ DAY OF _____, 20____.

Notary Public, State of Texas

Notary's Printed Name: _____

SEAL

My Commission Expires: _____