



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: _____