

HILL COUNTY DEVELOPMENT SERVICES

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218 N Waco St – HILLSBORO, TX 76645

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

\$600.00 For All Systems

OBTAIN AN APPLICATION FOR OSSF PERMIT:

**HILL COUNTY DEVELOPMENT SERVICES @ THE SUPPORT SERVICES BUILDING
218 N. WACO ST, HILLSBORO, TX 76645**

OR: 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, soil/site evaluation results, all planning materials, recorded affidavit to the public, and executed maintenance contract (if required) to Hill County Development Services, 218 N Waco St, Hillsboro, TX 76645.

_____ The application/planning materials will be reviewed by Hill County Development Services 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 Development Services Designated Representative to request a 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 Development Services. Cash, Checks and Credit/Debit cards are accepted. There is a service fee when using a credit/debit card.
- For additional information or to request an inspection contact: John Crawson or Kathy Smith at Development Services.



HILL COUNTY DEVELOPMENT SERVICES

218 N Waco St, Hillsboro, TX 76645

co.hill.tx.us (254) 283-6862/6846

Application for 'Authorization to Construct' Residential OSSF System

Office use only

Authorization to Construct Permit # _____ Flood Plain Permit # _____

This certifies: _____ has paid a fee of:

\$600.00 All Septic Systems

and complied with department rules for construction of a private liquid waste disposal system.

Inspector approval: _____ Date _____

*Valid 1 year from issue date unless revoked.

Deeded Owner: _____ Phone: _____

911 Site Address: _____

Mailing Address: _____

Email: _____

Attach legal description verification (Deed, Survey, etc.)

Metes & Bounds Acreage: _____

Recorded Deed: Volume _____ Page _____ Survey _____ Abstract _____

-OR- Subdivision: _____ Lot# _____ Blk# _____ Phase/Section# _____

Well Water Water Provider: _____

Is this Building: choose one New **or** Existing

choose one Site Built **or** Manufactured/Mobile Home Building Sq Feet: _____

choose one Single Family # Bedrooms _____ **or** Multi-Family #Bedrooms _____

Is This Application for: choose one New System **or** Replacing System **or** Replacing Tank

or Re-hook to new structure **or** Disposal Spray Head Relocate

I certify the above statements are true and correct. Authorization is hereby given for Hill County Development Services to enter upon the described property for site evaluation and investigation.

(Signature)

(Date)

Site Evaluator: _____ License#: _____

Phone No: _____ Other#: _____

Mailing Address: _____ City _____ State _____ Zip _____

Installer: _____ License#: _____

Phone: _____ Other#: _____

Mailing Address: _____ City _____ State _____ Zip _____

****System must be installed according to attached design****



HILL COUNTY DEVELOPMENT SERVICES

218 N Waco St, Hillsboro, TX 76645

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Application for 'Authorization to Construct' Commercial OSSF System

Office use only

Authorization to Construct Permit # _____ Flood Plain Permit # _____

This certifies: _____ has paid a fee of:

\$600.00 All Septic Systems

and complied with department rules for construction of a private liquid waste disposal system.

Inspector approval: _____ Date _____

*Valid 1 year from issue date unless revoked.

Deeded Owner: _____ Phone: _____

911 Site Address: _____

Mailing Address: _____

Email: _____

Attach legal description verification (Deed, Survey, etc.)

Metes & Bounds Acreage: _____

Recorded Deed: Volume _____ Page _____ Survey _____ Abstract _____

-OR- Subdivision: _____ Lot# _____ Blk# _____ Phase/Section# _____

Well Water Water Provider: _____

Is this Building: choose one New **or** Existing Building Use: _____

Employees _____ # Buildings _____ Building Sq Feet _____

Is This Application for: choose one New System **or** Replacing System **or** Replacing Tank

or Re-hook to new structure **or** Disposal Spray Head Relocate

I certify the above statements are true and correct. Authorization is hereby given for Hill County Development Services to enter upon the described property for site evaluation and investigation.

(Signature)

(Date)

Site Evaluator: _____ License#: _____

Phone No: _____ Other#: _____

Mailing Address: _____ City _____ State _____ Zip _____

Installer: _____ License#: _____

Phone: _____ Other#: _____

Mailing Address: _____ City _____ State _____ Zip _____

****System must be installed according to attached design****



HILL COUNTY DEVELOPMENT SERVICES

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ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED: Yes No If Yes, professional design attached: Yes No

Designer Name: _____ License Type and No.: _____

Phone No.: _____ Other or Fax No.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

I. TYPE AND SIZE OF PIPING FROM: (Example: 4" SCH 40 PVC)

Stub out to treatment tank: _____

Treatment tank to disposal system: _____

II. DAILY WASTEWATER USAGE RATE: Q = _____ (gallons/day)

Water Saving Devices: Yes No

III. TREATMENT UNIT(S): Septic Tank Aerobic Unit # of Tanks: _____

A. Tank Dimensions: _____ Liquid Depth (bottom of tank to outlet): _____

Operating Size: _____ (gal)* Material _____

Manufacturer _____ Model # _____

Pretreatment Tank: Yes No NA Operating Size: _____ (gal)

Pump: Yes No NA Operating Size: _____ (gal)

Lift Tank: Yes No NA Operating Size: _____ (gal)

OTHER: Yes No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: _____

Manufacturer _____ Model # _____

Square Ft Area Proposed: _____ Square Ft Area Required: _____

Linear Ft Length Proposed: _____ Linear Ft Length Required: _____

V. ADDITIONAL INFORMATION: NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. Soil / Site Evaluation

B. Planning materials (If Applicable)

DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

SIGNATURE OF DESIGNER: _____ DATE: _____

HILL COUNTY - OSSF SOIL EVALUATION FORM

Date Performed _____

Owner's Name _____

Physical Address _____

Site Evaluator _____

O.S. Number _____

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.

Soil Boring Number #1

Depth (Inches)	Textural Class	Drainage / Mottles / Water Table	Restrictive Horizon	Suitable for Conventional System Yes/ No
12				
24				
36				
48				
60				

Soil Boring Number #2

Depth (Inches)	Textural Class	Drainage / Mottles / Water Table	Restrictive Horizon	Suitable for Conventional System Yes/ No
12				
24				
36				
48				
60				

I certify that the above statements are true and are based on my own field observations.

ATTESTED BY:

Site Evaluator Signature _____

Site Evaluator No. _____

Address _____

Phone _____

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

HILL COUNTY – SITE EVALUATION REPORT

Date _____ **Name** _____ **Phone** _____
Address _____

PROPERTY LOCATION

Lot _____ Block _____ Subdivision _____
Street Address _____
Additional Information _____

SCHEMATIC OF LOT OR TRACT

Compass North, adjacent street(s), direction of slope, property lines
location of natural, constructed or proposed drainage ways, water impoundment areas, cut or fill banks, sharp slopes and buildings.

Location of existing or proposed water wells.

Location of (numbered) soil boring and dug pits (show distance of each hole from property line or other discernible point).

Presence of 100 year flood zone Yes No Firm Panel #

Presence of upper water shed Yes No

Presence of adjacent ponds, streams, water impoundment area Yes No

Existing or proposed water well in nearby area Yes No **Distance from OSSF (ft)** _____

ATTESTED BY:

Site Evaluator Signature _____ **Site Evaluator No.** _____
Address _____ **Phone** _____

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

AFFIDAVIT TO THE PUBLIC

County of Hill
State of Texas

CERTIFICATION OF OSSF REQUIRING MAINTENANCE and/or 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. (please attach copy of file receipt)

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), Sections 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 owners 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 according to 30 Texas Administrative Code 285.91(12) will be installed on the property described as (insert legal description):

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

This OSSF shall 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 Development Services within 30 days of the property being 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 DEVELOPMENT SERVICES.

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: _____

My Commission Expires: _____