

## 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](http://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 registered 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 # \_\_\_\_\_ Development 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: \_\_\_\_\_  Property ID# \_\_\_\_\_  
 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: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Installer: \_\_\_\_\_ License#: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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



**HILL COUNTY DEVELOPMENT SERVICES**

218 N Waco St, Hillsboro, TX 76645

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

**Application for 'Authorization to Construct' *Commercial* OSSF System**

Office use only

Authorization to Construct Permit # \_\_\_\_\_ Development 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: \_\_\_\_\_  Property ID# \_\_\_\_\_  
 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: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installer: \_\_\_\_\_ License#: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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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**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.



**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: \_\_\_\_\_