



HILL COUNTY PUBLIC WORKS
Environmental Compliance Division
201 EAST FRANKLIN ST
HILLSBORO TX
Phone No. 254/582-0409
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APPLICATION FOR ON-SITE SEWAGE FACILITY CONSTRUCTION fees: \$325.00 - Standard / Conventional System; \$475.00 - "Non Standard" (ie. Aerobic, LPD, Drip Emitters, ET Beds, Holding Tanks) / Commercial Facility *multi-family residences*

APPLICATION NO. _____
DATE _____
AMOUNT _____

1. PROPERTY OWNER'S NAME: (Last) _____ (First) _____ (Middle) _____
2. CURRENT MAILING ADDRESS: _____
3. DAYTIME TELEPHONE NO.: () _____
4. 911 SITE ADDRESS: _____
5. LEGAL DESCRIPTION: Sec _____ Block _____ Lot _____
Plat Date _____
SUBDIVISION: _____
OTHER THAN SUBDIVISION: Acreage _____ Survey Name: _____
Abstract Name/No.: _____
6. SOURCE OF WATER: Private Well _____ Public Water Supply _____
(Name of Supplier) _____
7. SINGLE FAMILY RESIDENCE: No. of Bedrooms _____
Living Area _____ (ft²)
8. COMMERCIAL/INSTITUTIONAL (including multi-family residences)
TYPE _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____
DAYS OCCUPIED PER WEEK: _____
9. SITE EVALUATOR: _____
LICENSE NO. _____ PHONE NO. _____
10. DESIGNER _____
LICENSE NO. (PE or RS) _____ PHONE NO. _____
11. INSTALLER: _____
LICENSE NO. _____ PHONE NO. _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

SIGNATURE OF OWNER _____
DATE _____

ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION
PERMIT APPLICATION #
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DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR
ADMINISTRATIVE
PENALTIES.

OWNER'S NAME: _____
Professional design required?: Yes__ No__ If yes, professional design attached:
Yes__ No__

I. SEWER (House drain):
TYPE AND SIZE OF PIPE _____: SLOPE OF SEWER PIPE TO TANK: _____

II. DAILY WASTEWATER USAGE RATE: Q= _____ (gallons/day)
WATER SAVING DEVICES: Yes__ No__

III. TREATMENT UNIT: Septic Tank__ Aerobic Unit__

A. • TANK DIMENSIONS: • LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): _____
• SIZE REQUIRED _____ • SIZE PROPOSED: _____
• MANUFACTURER _____ • MATERIAL/MODEL # _____:
• PRETREATMENT TANK Yes _____ SIZE _____ (gal) No _____

B. OTHER:
(Please attach description)

IV. DISPOSAL SYSTEM: TYPE:

• AREA REQUIRED _____ • AREA PROPOSED _____

V. ADDITIONAL INFORMATION:

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

A. SOIL/SITE EVALUATION _____
B. PLANNING MATERIALS _____

The attached checklist details those items that must be addressed under each of these categories.

DESIGNER'S SIGNATURE _____ LICENSE NO. _____
DATE _____