

COUNTY USE ONLY:	
PERMIT APPLICA	ATION #: <u>109-</u>
	PID#

## **APPLICATION FOR ON-SITE SEWAGE FACILITY PERMIT**

1. PROPERTY OWNER:				
	(LAST)	(FIRST)		(MIDDLE)
2. MAILING ADDRESS:	(STREET ADDRESS/P.O. BOX)			
	(CITY/STATE) (ZIP)			
3. <b>TELEPHONE NO. HON</b>		WORK/C	CELL: ()	
4. E-MAIL ADDRESS:				
5. SITE ADDRESS:				
	ON: LotBlock	Sec Subdivis	ion	
<u>or</u> Survey:		Abstract	Vol	Page
7. LOT SIZE: Acres	<u>OR</u> Dimensions_	Survey attached	☐ YES ☐ NO	
B. SOURCE OF WATER: _	Private WellPublic Wa	ater Supply(NAME OF	WELL DRILLER OR SUPPLII	ER)
9. <b>Single Family Resid</b>	PENCE: #Of Bedroomsl	Living Area (Sq. Ft.)		
10. <b>COMMERCIAL/INST</b> I	TUTIONAL (including multi-fa	mily residences) <b>TYPE</b> :		
NUMBER OF EMPLOYEE	S/OCCUPANTS/UNITS:	Square Footage		
11. DESIGNER:		Registration #	Phone #	
12. INSTALLER:			Registration	ı #
Phone #	E-Mail			
13. SITE EVALUATOR:		Registration #	Phone #	
Environmental Quality (To described property for the	CEQ), the Texas Department of purpose of inspecting sewage f	ot of payment. Authorization is hereby Health and their agents, or designees facilities for any reason consistent wit ARE TRUE AND CORRECT TO THE B	s, singularly or jointly th the Texas Health an	to enter upon the above d Safety Code. I HEREBY
Property Owner Signati	ıre:	_	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? YE	S□ NO□ <u>IF YES</u> , PROFES	SSIONAL DESIGN ATTACH	ED? YES□ NO□	
<b>SEWER</b> (House Drain):				
Type and Size of Pipe:	Slope of Sewer Pipe to Tank:			
TECHNICAL INFORMATION:				
	(gallor	ns/day)		
	ter Saving Devices: YES   I			
Disposal System Type:	Area I	Required Sq. Ft.:	Designed Area Sq. Ft.:	
TREATMENT UNIT/TANKS:				
Septic Tank:				
Aerobic Unit: Other:	: 🗆			
Septic Tank Dimensions:			bottom to outlet)	
Cizo Doquirod	Sizo Dosignod:		Concrete:	
Size Required:	Size Designed		Fiberglass:	
			Other:	
Unit Manufacturer:		Model No.:	Size:	
Treatment Tank Serial No.:		Concrete:		
		Fiberglass:		
ATTACH DECLIDED INCODMATIC	ON.	Other:		
ATTACH REQUIRED INFORMATION	<u>אנ:</u>			
SOIL/SITE EVALUATION				
PLANNING MATERIALS PUMP DATA				
MAINTENANCE CONTRAC	:T			
AFFIDAVIT TO THE PUBLIC				
PLEASE READ THE HILL COUNTY OS	SF PERMIT APPLICATION REQUII REGARDING REQUIRED DOCUN		NS CHECK LIST FOR INFORMATION	
DESIGNER'S/INSTALLER'S SIGNATURE:		LICENSE NO.:	DATE:	
COUNTY USE ONLY:	PERMIT APPLICATION #: 109			
AUTHORIZATION TO CONSTRUCT OSSI	F: APPROVED DISAPPROVI		INSPECTOR:	
OPEN INSPECTION: FINAL INSPECTION/	APPROVED DISAPPROVE	ED DATE:	NSPECTOR:	
AUTHORIZATION TO OPERATE:	APPROVED DISAPPROVI	ED DATE:	INSPECTOR:	