



# HILL COUNTY SHERIFF'S OFFICE - ENVIRONMENTAL COMPLIANCE UNIT

JEFF WARD ~ 254-337-1210

406 HALL STREET - HILLSBORO- TEXAS - 76645 [www.jward.hill.tx.us](http://www.jward.hill.tx.us)

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

\$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)

OBTAIN AN APPLICATION FOR OSSF PERMIT:

-HILL COUNTY TAX OFFICE

200 EAST FRANKLIN ST., HILLSBORO, TX 76645

[www.hilltax.org](http://www.hilltax.org) 254-582-4000

-HCSO – ENVIRONMENTAL COMPLIANCE UNIT

406 HALL STREET, HILLSBORO 254-582-5313 EXT 414

[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 PROFESSIONAL SANITARIAN.

\_\_\_\_\_ SUBMIT A COMPLETED OSSF PERMIT APPLICATION (TWO (2) PAGES), THE APPLICATION FEE (\$325.00 STANDARD/\$475.00 NON-STANDARD), SOIL/SITE EVALUATION RESULTS, ALL PLANNING MATERIALS, RECORDED "AFFIDAVIT TO THE PUBLIC", AND EXECUTED MAINTENANCE CONTRACT (IF REQUIRED) TO THE:

HILL COUNTY TAX OFFICE

PO BOX 412

200 EAST FRANKLIN STREET HILLSBORO, TX

76645

\_\_\_\_\_ THE APPLICATION/PLANNING MATERIALS WILL BE REVIEWED BY THE HILL COUNTY SHERIFF'S ENVIRONMENTAL COMPLIANCE UNIT PERSONNEL AND/OR THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY.

\_\_\_\_\_ IF APPROVED, THE "AUTHORIZATION TO CONSTRUCT" LETTER WILL BE ISSUED WITHIN 30 DAYS. THE AUTHORIZATION TO CONSTRUCT PERMIT IS VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUANCE.

\_\_\_\_\_ THE INSTALLER MUST CONTACT THE HILL COUNTY SHERIFF'S ENVIRONMENTAL COMPLIANCE UNIT FIVE BUSINESS DAYS BEFORE THE REQUESTED DATE OF THE 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 REINSPECTED DUE TO A DISAPPROVAL. ALL FEES MUST BE PAID TO THE HILL COUNTY TAX OFFICE. THE TAX OFFICE ACCEPTS CASH, CASHIER CHECKS, MONEY ORDERS, VISA AND MASTERCARD.

FOR ADDITIONAL INFORMATION OR TO REQUEST AN INSPECTION CONTACT:

JEFF WARD, HCSO ENVIRONMENTAL COMPLIANCE UNIT OFFICER 254-582-5313 EXT414



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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 RECEIPT # NEW CONSTRUCTION REPLACEMENT SYSTEM RENOVATION

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:

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

<b>COUNTY USE ONLY:</b>		PERMIT APPLICATION #: 109- _____	
AUTHORIZATION TO CONSTRUCT OSSF:	APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	DATE: _____ INSPECTOR: _____
OPEN INSPECTION:	APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	DATE: _____ INSPECTOR: _____
FINAL INSPECTION/ AUTHORIZATION TO OPERATE:	APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>	DATE: _____ INSPECTOR: _____