

**CITY OF HILL COUNTRY VILLAGE
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION**

___ NEW INSTALLATION
___ MODIFICATION

Permit No: _____
Rct: _____
Date: _____
Amt: \$300.00

1. PROPERTY OWNER'S NAME: _____
2. PERMANENT MAILING ADDRESS: _____
3. TELEPHONE NO. DURING DAY: _____
4. SITE ADDRESS: _____
5. LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Date: _____
SUBDIVISION: HILL COUNTRY VILLAGE
OTHER THAN SUBDIVISION: ACREAGE: _____ SURVEY: _____
6. SOURCE OF WATER: ___ Private Well ___ Public Water Supply _____ (Supplier)
7. SINGLE FAMILY RESIDENCE: No. of Bedrooms _____ Living Area in Sq. Feet: _____
8. COMMERCIAL/INSTITUTION (including multi-family residences) TYPE: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
9. SITE EVALUATOR: _____ CERTIFICATION NO: _____
10. DESIGNER: _____ LICENSE NO. (PE or RS): _____
PHONE NO: _____
11. INSTALLER: _____ REGISTRATION 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 City of Hill Country Village to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

12. _____
(SIGNATURE OF OWNER)

(DATE)

**CITY OF HILL COUNTRY VILLAGE
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

PERMIT # _____

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL UNAUTHORIZED
CONSTRUCTION CAN RESULT IN CIVIL AND OR ADMINISTRATIVE PENALTIES.**

OWNER'S NAME: _____ COUNTY: _____

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:

A. SEPTIC TANK:

· TANK DIMENSIONS: _____ · LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): _____

· SIZE REQUIRED: _____ · SIZE PROPOSED: _____

B. AEROBIC:

· MANUFACTURER: _____ · MODEL # _____

· SIZE REQUIRED: _____ · SIZE PROPOSED: _____

· PRETREATMENT TANK: Yes No

C. 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. SITE EVALUATION

B. PLANNING MATERIALS

DESIGNER'S SIGNATURE

REGISTRATION NO.

DATE