City of Hill Country Village
116 Aspen Lane • Hill Country Village • Texas • 78232
Phone (210) 494-3671 • Fax (210) 490-8645 • Web www.hcv.org

OSSF Permit Application/File Checklist

Address: __________________________________________

Date Received: ___________________________________

OSSF SFR Permit Fee: $300

( ) Completed Application Form ( ) Site Evaluation Report
( ) Technical Information Sheet ( ) Site Diagram
( ) Hill Country Village Affidavit ( ) Pump/Alarm Diagram
    Filed with Bexar County    gallons clearly marked
( ) System Design ( ) Installer Registration
( ) Spray Irrigation Design ( ) Maintenance Agreement

Builders/Owner please note the following:
• Affidavit - to be completed by owner of property at time of filing. After sale
  or transfer of property a Transfer of ownership is to be submitted to the City
  with new owner(s) name.
• Maintenance Contract – to be submitted at time of application in order to
  construct the OSSF. An updated initial contract is to also be submitted to
  reflect date of sale by the builder for a new single family dwelling or date of
  notice of approval for an existing single family dwelling with new owner(s) name.
NEW INSTALLATION
MODIFICATION

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.

(SIGNATURE OF OWNER) ____________________________ (DATE) ________
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: ___________________
      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. SITE DRAWING (to include spray area)
   C. PUMP ALARM DIAGRAM
   D. FILED AFFIDAVIT

_____________________________  ________________________________  _________________
DESIGNER'S SIGNATURE       REGISTRATION NO.         DATE