



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](http://www.hcv.org)

### OSSF Permit Application/File Checklist

Address: \_\_\_\_\_

Date Received: \_\_\_\_\_

#### OSSF SFR Permit Fee: \$300

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Application Form                                | <input type="checkbox"/> Site Evaluation Report                       |
| <input type="checkbox"/> Technical Information Sheet                               | <input type="checkbox"/> Site Diagram                                 |
| <input type="checkbox"/> Hill Country Village Affidavit<br>Filed with Bexar County | <input type="checkbox"/> Pump/Alarm Diagram<br>gallons clearly marked |
| <input type="checkbox"/> System Design   | <input type="checkbox"/> Installer Registration                       |
| <input type="checkbox"/> Spray Irrigation Design                                   | <input type="checkbox"/> 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.

**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)



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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: \_\_\_\_\_

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