



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

- | | |
|--|---|
| <input type="checkbox"/> Completed Application Form | <input type="checkbox"/> Site (Soil) Evaluation Report |
| <input type="checkbox"/> Technical Information Sheet | <input type="checkbox"/> Site Map (To include spray area) |
| <input type="checkbox"/> Hill Country Village Affidavit
Filed with Bexar County | <input type="checkbox"/> Pump/Alarm Diagram
gallons clearly marked |
| <input type="checkbox"/> System Design | <input type="checkbox"/> Installer Registration |
| <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.
- **Scheduled Maintenance Inspections** – To be submitted to Hill Country Village for the first two years.



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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. IN A FLOOD ZONE: Yes No If yes, submit floodplain map
8. SINGLE FAMILY RESIDENCE: No. of Bedrooms _____ Living Area in Sq. Feet: _____
9. COMMERCIAL/INSTITUTION (including multi-family residences) TYPE: _____
 NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____
10. SITE EVALUATOR: _____ CERTIFICATION NO: _____
11. DESIGNER: _____ LICENSE NO. (PE or RS): _____
 PHONE NO: _____
12. 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.

13. _____

(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: _____

· 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. SITE DRAWING (to include spray area)
- C. PUMP ALARM DIAGRAM
- D. FILED AFFIDAVIT

DESIGNER'S SIGNATURE

REGISTRATION NO.

DATE