

# Hamilton County On-Site Program

## Application Requirements for On-Site Sewage Facility Permits

(Commercial, multi-unit residential developments)

**Aerobic \$450.00   Conventional \$350.00   Commercial \$550.00   Re-inspection \$100.00**

- **ALL FEES ARE NON-REFUNDABLE AND MUST BE PAID BY CASH, CHECK, MONEY ORDER, OR CREDIT CARD (a small convenience fee will apply). Payments Should be made payable to Hamilton County Clerk**
- **Please attach a copy of the property deed.**
- **Hamilton County only accepts Original, wet signature documents. Please either mail in this application along with the appropriate fee or bring it into the Office.**  
**102 N. Rice ST, Suite 107 Hamilton, TX 76531**

\_\_\_\_\_ Obtain an application from the Hamilton County Clerk's office

\_\_\_\_\_ A licensed site evaluator must conduct a complete site evaluation. A detailed report documenting the results of the soil and site conditions must be submitted.

\_\_\_\_\_ Have planning materials prepared by the required individual. Standard systems may be prepared by the owner or the installer. Non-standard and proprietary systems must be prepared by a professional engineer or a professional sanitarian.

\_\_\_\_\_ Submit completed application and technical information sheet. Remit the appropriate fee and a copy of the following: site evaluation results, all planning materials, a recorded affidavit (if required), a signed maintenance contract (if required). **Directions to the site should also be included.**

\_\_\_\_\_ The application and planning materials will be reviewed by Hamilton County staff. Nonstandard planning materials may be reviewed by TCEQ Regional Office staff in Waco.

\_\_\_\_\_ If approved, an Authorization to Construct will be issued. **The Authorization to Construct is valid for one year from date of issuance.**

\_\_\_\_\_ The Installer must notify the Hamilton County Inspector at least five working days before the date of the construction inspection. At that time an Inspector will be assigned to inspect the installation. **All evacuations must be left open until the inspection has been completed.**

Hamilton County					
				Permit # _____	
Application To Construct or Modify OSSF					
<b>Permit Amount:</b> <input type="checkbox"/> Aerobic \$450.00 <input type="checkbox"/> Conventional \$350.00 <input type="checkbox"/> Commercial \$ 550.00 <input type="checkbox"/> Re-Inspection \$100.00 <input type="checkbox"/> New Installation <input type="checkbox"/> Repair <input type="checkbox"/> Alteration					
<b>Property Owners Name:</b> _____		<b>Telephone Number:</b> _____			
<b>Current Mailing Address:</b> _____ _____					
<b>9-1-1 Site Address:</b> _____					
<b>Inside City Limits?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Legal Discription:</b>		<u>Subdivision</u> _____		<u>Block Number</u> _____	
<u>Lot Number</u> _____		<u>Section Number</u> _____		<u>Number of Acres</u> _____	
<u>Name of Survey</u> _____		<u>Abst. #</u> _____		<u>Vol. #</u> _____ <u>Pg. #</u> _____	
<b>Source of Water:</b>		<input type="checkbox"/> Private Well <input type="checkbox"/> Public Well		<u>Name of Public Water Supply</u> _____	
<b>Water Saving Devices?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Residential:</b>		<u>Number of Bedrooms:</u> _____		<u>Square Feet of Living Area:</u> _____	
<input type="checkbox"/> Built on Site		<input type="checkbox"/> Pre-Built/Modular		<input type="checkbox"/> Mobile Home	
<b>Non-Residential</b> (including mulit-family residence)		<u>Type of Facility:</u> _____			
<u>Number of Employees/Occupants/Units:</u> _____		<u>Days Occupied per Week:</u> _____			
<b>Treatment:</b>		<b>Disposal:</b>			
<u>Standard:</u> _____		<u>Type:</u> _____			
<u>Aerobic:</u> _____		_____			
<u>Tank Size Required:</u> _____		<u>Area Required:</u> _____			
<u>Tank Size/ Manufacturer:</u> _____		<u>GPD:</u> _____		<u>Soil Type:</u> _____	
<b>Site Evaluator:</b> _____		<u>License#</u> _____		<u>Phone#</u> _____	
<b>Designer:</b> _____		<u>License#</u> _____		<u>Phone#</u> _____	
<b>Installer:</b> _____		<u>License#</u> _____		<u>Phone#</u> _____	
I certify that the above statements are true and correct to the best of my knowledge. Authorizaton is hereby given to the Designated Representative of Hamilton County,Texas to enter upon the above property for the purpose of inspecting the site and OSSF. Construction of the on-site sewage system must not begin until this applicatioin is approved and a PERMIT TO OPERATE is issued.					
<u>Signature of Owner or Representative</u>				<u>Date</u>	

Hamilton County

Permit # \_\_\_\_\_

**OSSF Soil Evaluation Report Information**

Property Owner: \_\_\_\_\_

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

**REQUIREMENTS:** At least two (2) soil excavations must be performed on the site at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two (2) feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

**SOIL BORING / Backhoe Pit Number** \_\_\_\_\_

Depth (feet)	Texture Class	Structure (if applicable)	Drainage (mottles/water table)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

**SOIL BORING / Backhoe Pit Number** \_\_\_\_\_

Depth (feet)	Texture Class	Structure (if applicable)	Drainage (mottles/water table)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

I certify that the findings of this report are based on my field observations and are accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Site Evaluator\_\_\_\_\_  
License Number\_\_\_\_\_  
Date

**Schematic of Lot or Tract / Site Drawing**

Scale: 1 inch = 50 feet/ or appropriate

I certify that the results of this report are based on my site observations and are accurate to the best of my ability.

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Signature of site Evaluator

---

Date

Sketch needs to show location of soil sample points of soil analysis

**Hamilton County OSSF Site Evaluation****Permit #****Applicant Information if not Homeowner**

(Includes Builders):

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**Installer Information**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**Complete the Following:**

Incorporated Area? ☐ Yes ☐ No

Presence of upper water shed? ☐ Yes ☐ No

Water Well (Existing or Proposed) ☐ Yes ☐ No

Is Organized Sewage Available ☐ Yes ☐ No

Any Presence of Adjacent Ponds, Streams,  
Water Impoundments? ☐ Yes ☐ No

**Site Evaluator Information (if not installer)**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax: \_\_\_\_\_

**ALL DESIGNS SHOULD BE ATTACHED SEPARATELY****BEFORE APPROVAL IS GRANTED DESIGN SHOULD INCLUDE:**

\_\_\_\_\_ Drawing to Scale with Scale Legend

\_\_\_\_\_ Compass North

\_\_\_\_\_ Adjacent Streets

\_\_\_\_\_ Property Lines

\_\_\_\_\_ Locations of Buildings

\_\_\_\_\_ Easements

\_\_\_\_\_ Swimming Pools

\_\_\_\_\_ Water Lines and Other Structures Where Known

\_\_\_\_\_ Location of Existing or Proposed Water Wells within 150 Feet of Property

\_\_\_\_\_ Indication of Slope (or provide contour lines from structure to the farthest location of the proposed soil absorption or irrigation area.)

\_\_\_\_\_ Location of Soil Boring or Dug Pits (show location with respect to a known reference point)

\_\_\_\_\_ Location of Natural, Constructed and/or Proposed Drainage Ways (streams, ponds, lakes, rivers, high tide of salt water bodies) Water Impounded Areas, Cut or Fill Bank, Sharp Slopes and/or Breaks.

\_\_\_\_\_ Acres of Property

\_\_\_\_\_ Tank Size and Manufacturer

\_\_\_\_\_ Parameters: (GPD, soil class, soil Ra and square feet of absorptive area required)

\_\_\_\_\_ Proposed Design: ( style of drainfield, trench width and length, number of leaching chambers and manufacturer if applicable, and square feet of absorptive area used)

\_\_\_\_\_ Warranty Deed and Survey must be Attached

Signature of Site Evaluator

License Number

Date

Hamilton County

Permit # \_\_\_\_\_

**AFFIDAVIT TO THE PUBLIC**

Property Owner: \_\_\_\_\_

County of Hamilton State of Texas

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, who, after being by me duly sworn, upon oath states that he/she is the ☐ representative of, or ☐ owner of record of that certain tract or parcel of land lying and being situated in Hamilton County, Texas, and being more particularly described as follows:

☐ Name of Survey: \_\_\_\_\_ Abst. # \_\_\_\_\_ Vol. # \_\_\_\_\_ Pg. # \_\_\_\_\_ Acres \_\_\_\_\_

and/or

☐ Name of Subdivision: \_\_\_\_\_ Block \_\_\_\_\_ Lot/Tract \_\_\_\_\_ Section/Phase \_\_\_\_\_

9-1-1 Site Address: \_\_\_\_\_

City and Zip \_\_\_\_\_

\*\*\*\*\*

Please attach a copy of the legal description

☐**AEROBIC SYSTEM**

(Gallons per Day) \_\_\_\_\_

☐ The undersigned further states that he/she, upon any sale or transfer of the above-described property, request a transfer of the permit to operate such system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the system.

Failure to abide by the above stated conditions constitutes a violation of the Texas Commission on Environmental Quality Rules and of the Hamilton County Order for the On-Site Sewage Facilities which will result in the filing of a complaint with the Justice of the Peace Court having jurisdiction in the area where the offense occurs.

WITNESS MY/OUR HAND(S) on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Representative or Property Owner Signature or Licensed Installer

\*\*\*\*\* Notary Public \*\*\*\*\*

SWORN TO AND SUBSCRIBED BEFORE ME on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by:

for:

(Representative)

(Property Owner)

seal →

Notary Public, State of Texas

# Hamilton County On-Site Sewage Facility Program Installation Investigation Report Surface Spray System

**Date:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_

<b>Property Owner</b>	
<b>Region Number</b>	<b>Installer Name &amp; License Number</b>
<b>Investigator</b>	<b>Site Evaluator Name &amp; License Number</b>
<b>Designer Name &amp; License (P.E. or R.S.)</b>	

<b>All "No Answers Require Comment</b>		
<b>I. Site and Soil Conditions &amp; Set Back Distances</b>	<b>Y</b>	<b>N</b>
Site and Soil Conditions Consistent with submitted planning Material <b>§285.30 &amp; §285.31</b>		
Setback Distance Meet Minimum Standards <b>§285.30 (b)(4) &amp; §285.31(d) &amp; §285.91(10)</b>		
<b>II. Sewer Pipe §285.32(a) (1-7)</b>	<b>Y</b>	<b>N</b>
Proper type from structure to disposal system (cast iron, ductile iron, SCH. 40, SDR26) <b>§285.32(a)(1)</b>		
Slope from sewer to the tank at least 1/8 inch per foot <b>§285.32(a)(3)</b>		
Two way sanitary-clean-out properly installed (add. c/o every 50 &/ or 90-degree bends) <b>§285.32(a)(5)</b>		

<b>All "No Answers Require Comment</b>		
<b>III. Pretreatment (Liquid depth not less than 30")</b> <b>§285.32(b)(1)(G)</b>	<b>Y</b>	<b>N</b>
Is pretreatment installed if required? TCEQ Approved List <b>§285.32(b)(1)(G)</b>		
Installed on 4" sand cushion/proper backfill used <b>§285.32(b)(1)(F)</b>		
Grease interceptors if required for commercial <b>§285.34(d)</b>		
Approved effluent filter in place if required T <b>§285.34(a)</b>		

Tank volume required	Gallon	Tank Volume Installed	Gallon
Tank material (type)		Manufacturer	

<b>Aerobic Treatment Unit</b>		
<b>All "No Answers Require Comment</b>	<b>Y</b>	<b>N</b>
Is Aerobic unit installed according to approved guidelines? <b>§285.32(c)(1)</b>		
Chlorinator properly installed with chlorine tablets in place <b>§285.32(c)(3)(B)</b>		
Maintenance tag in place <b>§285.7(d)(2)</b>		

Unit size required	Gpd	Unit size required	Gpd
Manufacturer of Aerobic Treatment Unit			
Unit Model Number		Aerator Model Number	
Unit Model Number		Aerator Model Number	

**Note: Copy of maintenance contract must be filed before approval is granted**



<b>All "No Answers Require Comment</b>		
<b>V. Pump Tank</b>	<b>Y</b>	<b>N</b>
Is the pump tank an approved concrete tank or other acceptable materials & construction? <b>§285.32(b)(1)(E)(i) §285.34(b)</b>		
Sampling port provided in the treated effluent line <b>§285.33(d)(2)(G)(iv)</b>		
Check valve and /or anti-siphon device present when required <b>§285.34(d)(1)</b>		
Audible and visual high-water alarm installed on separate circuit from pump <b>§285.34(b)(1)</b>		
Full day + 1/3-day flow when property line setback are < 20 and irrigation timers installed if required; required reserve capacity present <b>§285.34(b)(1) &amp; §285.33(d)(2)(G)(iv)</b>		
Elec. Connections in approved junction boxes/ wiring buried <b>§285.34(c)</b>		

Tank volume required	Gallon	Tank Volume Installed	Gallon
Tank material (type)		Manufacturer	
Pump model number		Pump	
Type/ size of pump installed	HP	New	Used Unknown

All "No Answers Require Comment		
VI. Application Area §285.33(d)(1)&(2)	Y	N
Low Angle nozzles used; pressure is as required §285.33(d)(2)(G)(I)		
Acceptable area, nothing within 10 ft of sprinkler heads §285.33(d)(2)(A)		
The landscape plan is as designed §285.33(d)(2)(F)		
Distribution pipe, fitting, sprinkler heads & valve covers color coded purple? §285.33(d)(2)(G)(i-v)		

Minimum Area Required	(sq ft)	Area Installed	(sq ft)

**Comments:**

Inspector's License Number	Date
Signature of County Inspector	

# Hamilton County On-Site Sewage Facility Program Installation Investigation Report Standard System

**Date:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_

<b>Property Owner</b>	
<b>Region Number</b>	<b>Installer Name &amp; License Number</b>
<b>Investigator</b>	<b>Site Evaluator Name &amp; License Number</b>

<b>All "No Answers Require Comment</b>		
<b>I. Site and Soil Conditions &amp; Set Back Distances</b>	<b>Y</b>	<b>N</b>
Site and Soil Conditions Consistent with submitted planning Material §285.30 & §285.31		
Setback Distance Meet Minimum Standards <b>§285.30 (b)(4) &amp; §285.31(d) &amp; §285.91(10)</b>		
<b>II. Sewer Pipe §285.32(a) (1-7)</b>	<b>Y</b>	<b>N</b>
Proper type from structure to disposal system (cast iron, ductile iron, SCH. 40, SDR26) <b>§285.32(a)(1)</b>		
Slope from sewer to the tank at least 1/8 inch per foot <b>§285.32(a)(3)</b>		
Two way sanitary-clean-out properly installed (add. c/o every 50 &/ or 90-degree bends) <b>§285.32(a)(5)</b>		
<b>III. Septic Tank §285.32(b)(1)(A) -(F) and 285.91(2)</b>		
Septic tank(s) meet minimum requirements (tank volume; water tight seal inlet and outlet devices; baffles and series tanks; inspection and clean-out ports; design and construction materials current ASMT C 1227 standards; risers and installation of tanks) <b>§285.32(b)(1)(A)-(F)</b>		

Tank Volume Required	Gallons	Tank Volume Installed	Gallons
Material of tank installed		Manufacturer of tank installed	

<b>All "No Answers Require Comment</b>				<b>Y</b>	<b>N</b>		
Inlet flow -line greater than 3' and "T" provided on inlet and outlet <b>§285.32(b)(1)(B)</b>							
If single tank, are 2 compartments provided with baffle <b>§285.32(b)(1)(C)(I)</b>							
Inspection/ Clean-out port & Riser provided on tanks buried greater than 12" sealed and capped <b>§285.32(b)(1)(D)</b>							
Tank(s) watertight <b>§285.32(b)(1)(E)</b>							
Tank(s) clearly marked <b>§285.32(b)(E)(IV)</b>							
Outlet liquid penetration 25% to 50% total liquid depth at least 30" <b>§285.32(b)(1)(A) &amp; §285.32(b)(1)(C)(i)</b>							
Greater than ½ of total volume in primary tank or compartment (1/3 for tank 3) <b>§285.32(b)(1)(C)(ii)</b>							
Minimum 12 inch drop from the bottom of the outlet pipe to the bottom of the disposal area <b>§285.32(b)(1)(F)</b>							
<b>IV. Drainfield Criteria for Effluent Disposal System §285.33(b)</b>							
Absorptive Drain-Line	3' PVC	4' PVC	N/A	8"	10"	Gravel - less pipe	N/A
Leaching chambers				Manufacture:			

IV. Drainfield Continued			
Area Required		Area Required	
Standard §285.33(b)(1)(A)(vii)		Standard §285.33(b)(1)(A)(vii)	
Gravel-less §285.33(c)(1)(C)		Gravel-less §285.33(c)(1)(C)	
Leaching Chambers §285.33(c)(2)(A)(i) or (ii)		Leaching Chambers §285.33(c)(2)(A)(i) or (ii)	
Excavation Width §285.33(b)(1)(A)(iv)		Excavation Width §285.33(b)(1)(A)(iv)	
Excavation Separation §285.33(b)(1)(A)(iii)		Excavation Separation §285.33(b)(1)(A)(iii)	
Depth of Porous Media §285.33(b)(1)(D)		Depth of Porous Media §285.33(b)(1)(D)	

Level to within 1inch per 25 feet §285.33(b)(1)(A)(V) & §285.33(c)(1)(B)	Y	N
Chambers- open end plates w/splash plate, inspection port & closed end plates in place (per manufactures spec). §285.33(b)(1)(D)		
Pipe and Gravel – Geotextile fabric in place §285.33(b)(1)(E)		
Gravel-less pipe-couplings, endcaps, off set connectors, and filter wrap in place §285.33(c)(1)(B)		
Gravel-less pipe- Inspection port in place §285.33(c)(1)(B)		

**Comments:**

<b>Inspector's License Number</b>	<b>Date</b>
<b>Signature of County Inspector</b>	