

HAMILTON COUNTY ON-SITE PROGRAM

APPLICATION REQUIREMENTS FOR ON-SITE SEWAGE FACILITY PERMITS

SINGLE FAMILY DWELLING, FEE & ALL OTHER TYPE FACILITIES

(Commercial, multi-unit residential developments)

Fee: \$300.00

- 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. Non-standard 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 the date of issuance.
- The installer must notify the Hamilton County Inspector at least five working days before the date of the construction inspection.
All excavations must be left open until the inspection has been completed.
- If the installation is approved, a Notice of Approval will be issued to the owner within seven days.

**ALL FEES ARE NON-REFUNDABLE AND MUST BE PAID BY CASH,
CHECK OR MONEY ORDER.**

PAYMENTS MUST BE MADE PAYABLE TO HAMILTON COUNTY.

New Installation

HAMILTON COUNTY

Office Use Only

Application No.

Date

Amount

 Modification

**APPLICATION FOR ON-SITE SEWAGE FACILITY
09-Waco (TCEQ Regional Number)**

COUNTY OF INSTALLATION-Hamilton

1. Property Owner's Name: _____
(Last) (First) (Middle)

2. Current Mailing Address: _____
(Administrative Action 08-23-04)

3. Daytime Telephone No.: _____

4. 911 Site Address: _____

5. Legal Description: Sec. _____ Block _____ Lot _____ Plat Date _____
Subdivision: _____

Other than Subdivision: Acreage: _____ Survey Name: _____
Abstract Name/No.: _____

6. Physical Location/Directions to Site: _____

7. Source of Water: Private Well Public Water Supply _____
(Name of Supplier)

8. Single Family Residence: No. of Bedrooms _____ Living Area (sq ft) _____

9. Commercial/Institutional (including multi-family residences) Type: _____
No. of Employees/Occupants/Units: _____ Days Occupied Per Week: _____

10. Site Evaluator: _____ License No. _____
Phone No.: _____

11. Designer: _____ License No. (PE or RS) _____
Phone No.: _____

11. Installer: _____ License No. _____
Phone No.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Macky Thedford, Hamilton County On-Site Sewage Inspector to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at the Hamilton County Clerk's office or at 254-386-3518. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 254-386-3518.

12. _____ (Signature of Owner) _____ (Date)

IF AVAILABLE ATTACH A COPY OF THE SURVEY PLAT FOR YOUR PROPERTY UPON WHICH THIS SYSTEM IS TO BE INSTALLED. (ADOPTED 4-26-2004)

INCOMPLETE FORMS WILL NOT BE ACCEPTED

HAMILTON COUNTY
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

APPLICATION # _____

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

Owner's Name: _____ County: _____

Installation Site Address: _____

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: Septic Tank Aerobic Unit

A. • Tank Dimensions: _____ • Liquid Depth (Bottom of Tank to Outlet): _____

• Size Required: _____ • Size Proposed: _____

• Manufacturer: _____ • Material/Model #: _____

• Pretreatment Tank: Yes Size : _____ (gal) No N/A

B. 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. Soil/Site Evaluation

B. Planning Materials

The attached checklist details those items that must be addressed under each of these categories.

Designer's Signature

License No.

Date

INCOMPLETE FORMS WILL NOT BE ACCEPTED

HAMILTON COUNTY ON-SITE PROGRAM

SITE EVALUATION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACILITY

The following information must be submitted with the design package for review by Hamilton County.
Failure to include or address all of the following items may result in approval delays.

Application No. _____

Applicant/Site Information		Site Evaluator Information	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone No.		Phone No.	
County		License No.	

Additional Information:

SITE EVALUATION: A minimum of two soil borings or backhoe pits must be excavated at opposite ends of the proposed disposal area. The borings or pits must be excavated to a depth of two feet below the proposed excavation, or to a restrictive horizon, whichever is less. The boring or pit locations must be indicated. This report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements.

PLANNING MATERIALS: The proposed treatment and disposal system shall be prepared based on the site evaluation. The submittal requirements must include the following details.

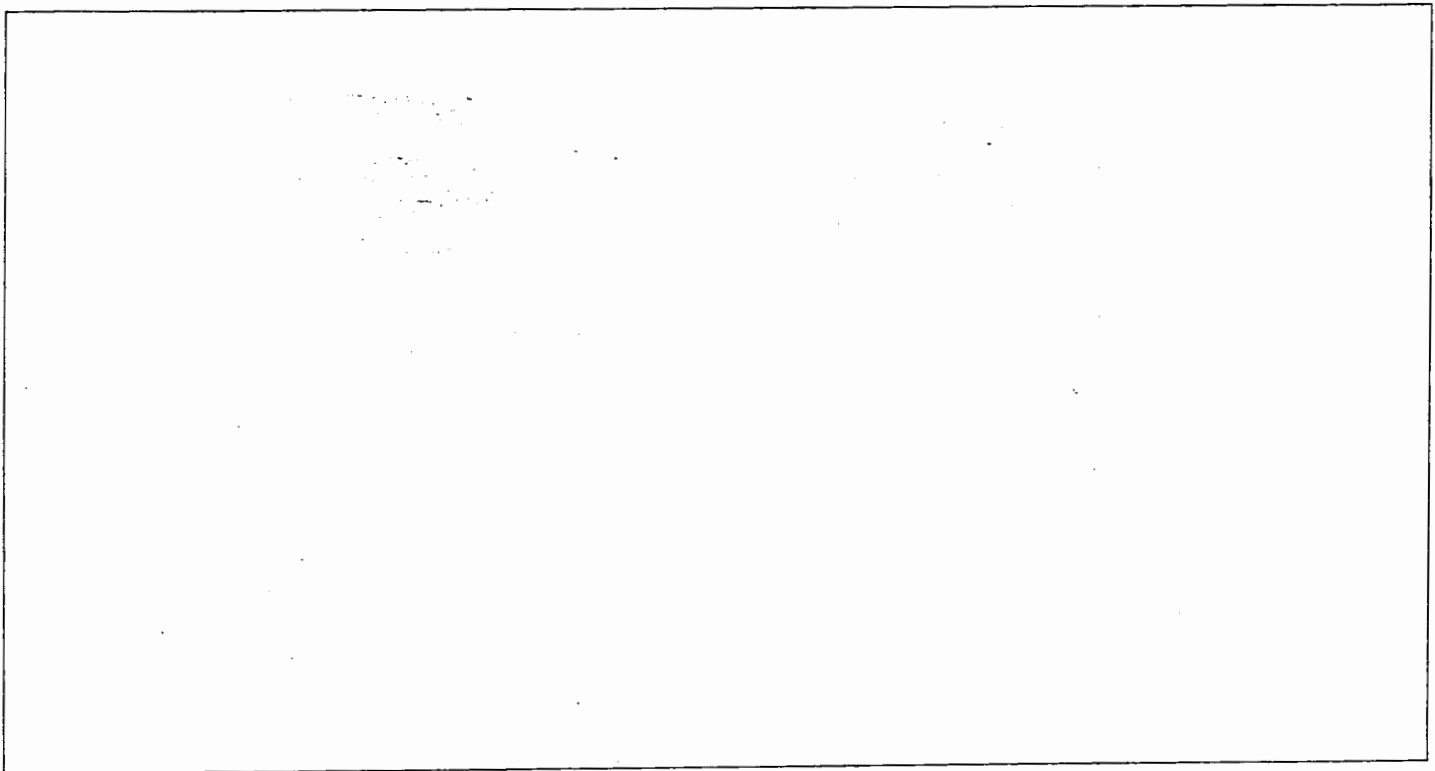
- A scale drawing of the on-site sewage facility, showing all structures served.
- Submittals prepared by a professional engineer or professional sanitarian must be sealed, dated and signed.
- Proposed designs must comply with all separation distances identified in Table X.
- A sectional view of the tanks, including pump tanks, and excavations must be submitted.

Soil Boring/Backhoe Pit Number _____						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0 _____						
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						
6 _____						
7 _____						

Soil Boring/Backhoe Pit Number _____						
Depth (Feet)	Soil Class	Gravel Analysis	Restrictive Horizon	Groundwater	Topography	Flood Hazard
0 _____						
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						
6 _____						
7 _____						

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.

Signature: _____
(Site Evaluator)

Date _____

SKETCH NEEDS TO SHOW LOCATION OF SOIL SAMPLE POINTS OF SOIL ANALYSIS

**HAMILTON COUNTY
ON-SITE SEWAGE FACILITY PROGRAM
INSTALLATION INVESTIGATION REPORT
STANDARD SYSTEM**

Page 1 of 2

Date: _____

Property Owner		Permit Number	
Region Number		Installer Name & License Number	
Investigator		Site Evaluator Name & License Number	

All "No" Answers Require Comment

I. SITE AND SOIL CONDITIONS & SET BACK DISTANCES	Y	N
Site and Soil Conditions Consistent with Submitted Planning Materials §285.30 & §285.31		
Setback Distances Meet Minimum Standards §285.30(b)(4), §285.31(d) & §285.91(10)		
II. SEWER PIPE §285.32(a)(1-7)	Y	N
Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26) §285.32(a)(1)		
Slope from the Sewer to the Tank at least 1/8 Inch Per Foot §285.32(a)(3)		
Two Way Sanitary-Type Clean-out Properly Installed (Add. C/O Every 50' &/or 90° bends) §285.32(a)(5)		

III. SEPTIC TANK §285.32(b)(1)(A)-(F) and 285.91(2)	Y	N
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 ASTM C 1227 Standards; risers and installation of tanks) §285.32(b)(1)(A)-(F)		
Tank Volume Required Gallons Tank Volume Installed Gallons		
Material of tank installed Manufacturer of tank installed		
Inlet Flow-line Greater than 3" and "T" Provided on Inlet and Outlet §285.32(b)(1)(B)		
If Single Tank, are 2 Compartments Provided with Baffle §285.32(b)(1)(C)(i)		
Inspection/Clean-Out Port & Risers Provided on Tanks Buried Greater than 12" Sealed and Capped §285.32(b)(1)(D)		
Tank(s) Watertight §285.32(b)(1)(E)		
Tank(s) Clearly Marked §285.32(b)(1)(E)(iv)		
Outlet Liquid Penetration 25% to 50% Total Liquid depth at least 30" §285.32(b)(1)(A) & §285.32(b)(1)(C)(i)		
Greater than 1/2 of Total Volume in Primary Tank or Compartment (1/3 for Tank 3) §285.32(b)(1)(C)(ii)		
Minimum 12 inch drop from the bottom of the outlet pipe to the bottom of the disposal area §285.32(b)(1)(F)		

IV. DRAINFIELD CRITERIA FOR EFFLUENT DISPOSAL SYSTEM §285.33(b)	
Absorptive Drain-line <input type="checkbox"/> 3" PVC <input type="checkbox"/> 4" PVC <input type="checkbox"/> N/A	<input type="checkbox"/> 8" or <input type="checkbox"/> 10" Gravel-less Pipe <input type="checkbox"/> N/A
<input type="checkbox"/> Leaching Chambers	Manufacturer: _____

**HAMILTON COUNTY
ON-SITE SEWAGE FACILITY PROGRAM
INSTALLATION INVESTIGATION REPORT
STANDARD SYSTEM**

Page 2 of 2

Property Owner	Permit Number
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IV. DRAINFIELD (Continued)

Area Required:		Area Installed:	
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 Depth	§285.33(b)(1)(A)(i) & (ii)
Excavation Separation	§285.33(b)(1)(A)(iii)	Multiple Excavations	§285.33(b)(1)(A)(iii)
Depth of Porous Media	§285.33(b)(1)(D)	Type of Porous Media	§285.33(b)(1)(B)(i-ii)
			Y
			N
Level to within 1 inch per 25 feet	§285.33(b)(1)(A)(v) & §285.33(c)(1)(B)		
Chambers - Open End Plates w/Splash Plate, Inspection Port & Closed End Plates in Place (<i>per manufacturers spec.</i>).	§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:

Signature of County Inspector

Date

Inspector's License Number

**HAMILTON COUNTY
ON-SITE SEWAGE FACILITY PROGRAM
INSTALLATION INVESTIGATION REPORT
SURFACE SPRAY APPLICATION**

Page 1 of 2

DATE _____

Property Owner		Permit Number	
Region Number		Installer Name & License Number	
Investigator		Site Evaluator Name & License Number	
Designer Name & License (P.E. or R.S.)			

All "No" Answers Require Comment

I. SITE AND SOIL CONDITIONS & SET BACK DISTANCES	Y	N
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Site and Soil Conditions Consistent with Submitted Planning Materials	§285.30 & §285.31		
Setback Distances Meet Minimum Standards	§285.30(b)(4), §285.31(d) & §285.91(10)		

II. SEWER PIPE §285.32(a)(1-7)	Y	N
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Proper Type Pipe from Structure to Disposal System (Cast Iron, Ductile Iron, Sch. 40, SDR 26)	§285.32(a)(1)		
Slope from the Sewer to the Tank at least 1/8 Inch Per Foot	§285.32(a)(3)		
Two Way Sanitary-Type Clean-out Properly Installed (Add. C/O Every 50' &/or 90° bends)	§285.32(a)(5)		

III. PRETREATMENT (Liquid Depth Not Less Than 30") §285.32(b)(1)(A)-(G)	Y	N
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Is Pretreatment installed if required? - TGEQ Approved List...	§285.32(b)(1)(G)		
Installed on 4" Sand Cushion/Proper Backfill Used	§285.32(b)(1)(F)		
Grease interceptors if required for commercial	§285.34(d)		
Approved effluent filter in place if required T	§285.34(a)		
Tank Volume Required	Gallon	Tank Volume Installed	Gallon
Tank Material (Type)		Manufacturer	

IV. AEROBIC TREATMENT UNIT	Y	N
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Is Aerobic Unit Installed According to Approved Guidelines?	§285.32(c)(1)		
Chlorinator Properly Installed with Chlorine Tablets in Place	§285.33(c)(3)(B)		
Maintenance Tag in Place	§285.7(d)(2)		
Unit Size Required	gpd	Unit Size Installed	gpd
Manufacturer of Aerobic Treatment Unit:			
Unit Model Number	Aerator Model Number		
Unit Serial Number	Aerator Serial Number		

NOTE: COPY OF MAINTENANCE CONTRACT MUST BE FILED BEFORE APPROVAL IS GRANTED

**HAMILTON COUNTY
ON-SITE SEWAGE FACILITY PROGRAM
INSTALLATION INVESTIGATION REPORT
SURFACE SPRAY APPLICATION**

Page 2 of 2

Property Owner		Permit Number	
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All "No" Answers Require Comment

V. PUMP TANK		Y	N
Is the Pump Tank an approved concrete tank or other acceptable materials & construction?	§285.32(b)(1)(E)(i) §285.34(b)		
Sampling Port Provided in the Treated Effluent Line	§285.33(d)(2)(G)(iv)		
Check Valve and/or Anti-Siphon Device Present When Required	§285.34(b)(1)		
Audible and Visual High Water Alarm Installed on Separate Circuit From Pump	§285.34(b)(1)		
Full Day + 1/3 Day Flow When Property Line Setbacks are < 20' and Irrigation Timers installed if Required; Required reserve capacity present	§285.34(b)(2) §285.33(d)(2)(G)(iii)(I)		
Elec. Connections in Approved Junction Boxes/Wiring Buried	§285.34(c)		
Tank Volume Required	Gallon	Tank Volume Installed	Gallon
Tank Material (Type)		Manufacturer	
Pump Model Number		Pump Serial Number	
Type/Size of Pump Installed	Hp	New	Used Unknown

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:

Signature of County Inspector

Date

Inspector's License Number

AFFIDAVIT TO THE PUBLIC

**THE COUNTY OF HAMILTON
STATE OF TEXAS**

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

*****INSERT LEGAL DESCRIPTION OF PROPERTY*****

The undersigned further states that he/she will, upon sale or transfer of the above described property, request a transfer of the OSSF
permit to operate such SURFACE APPLICATION SYSTEM to buyer or transferee. Any buyer or transferee is hereby notified that in
accordance with Chapter 287.7 (f) of the Texas Administrative Code, ongoing maintenance company of use of the system:

1. The owner of each surface application system shall continuously maintain a signed written contract with a valid maintenance
company and shall submit a copy of the contract to the Texas Commission on Environmental Quality (TCEQ) at least 30 day
prior to expiration of the previous contract.
2. If the property owner or Maintenance Company desires to discontinue the provisions of the maintenance contract, the
maintenance company and shall notify, in writing, the TNRCC at least 30 days prior to the date service will cease.
3. If a maintenance company discontinues business, the property owner shall within 30 days of the termination date, contract
with another approved maintenance company and provide the Texas Commission on Environmental Quality (TECQ) with a
copy of the newly signed maintenance contract.

For more information concerning the rules and regulations on surface application on-site wastewater treatment systems, please contact the Division of Field Operation,
TECQ, P.O. Box 13087 Austin, TX 78711-3087

Witness my/our hand(s) on this the _____ day of _____ 20____.

**State of Texas
County of Hamilton**

This instrument was acknowledged before me on the _____ day of _____ 20____,
by _____.

Notary Public, State of Texas

**State of Texas
County of Hamilton**

This instrument was acknowledged before me on the _____ day of _____ 20____,
by _____.

Notary Public, State of Texas