PROCEDURES FOR OBTAINING AN ON-SITE SEWAGE FACILITY CONSTRUCTION PERMIT & LICENSE

1. A person may not construct, alter, repair, extend, or operate an On-Site Sewage Facility System without obtaining a permit and having plans approved.
2. A site and soil evaluation must be conducted by a TCEQ Certified Site Evaluator.
3. System plans must be submitted by a Registered Professional Engineer (PE) or a Registered Sanitarian (RS) licensed to practice in Texas with experience in the design of on-site wastewater systems.
4. All applications need to have the property legal description fields fully completed. Every space on the application is required to be filled out. Your application will be denied if all fields are not filled out. If it is not applicable please put N/A in the field.
5. A permit application and planning materials must be prepared and submitted in the name of the property owner. Planning materials are plans and supporting materials (such as soil/site evaluations, copies of maintenance contracts for mechanical components and/or other materials) required for the purpose of obtaining a permit to construct and operate an OSSF.
6. Before the application and plans are submitted to the inspector the Installer must pay a $300.00 permit fee and a $500.00 deposit. The deposit is refundable after the inspector has issued a Notice of Approval, when the system has passed all inspections and is ready for operation.
7. The application and planning materials must be submitted to City Hall and then they are reviewed by the Designated Representative. Allow 2 working days for this procedure.
8. An authorization to construct must be granted before construction can begin and a construction permit shall be issued.
9. The system must be inspected by the Designated Representative at appropriate stages of construction depending upon the type of system.

    A. Standard Treatment/Conventional Systems--3 Inspections
        (1) FIRST INSPECTION - When the tank is set in place and the excavations for the lateral lines have been leveled. (No pipe or gravel in the excavations but should be on site for approval.)
        (2) SECOND INSPECTION - The tight lines should be connected and the lateral lines set and leveled within the required amount of gravel.
        (3) THIRD INSPECTION - The laterals must be filled to the top with suitable soil and mounded with 4" of suitable soil.
    B. Property Treatment/Aerobic Plants. Must be approved by TNRCC as a Class I treatment plant. Minimum of 1 inspection.

Note: Contractor shall schedule all inspections at least 24 hours in advance. Please call City Hall at 494-2023 ext 221 to schedule a septic inspection.

8. A license to operate will be issued when the completed system has passed all inspections.

EVERY SPACE ON THIS APPLICATION IS REQUIRED TO BE FILLED OUT. IF IT IS NOT APPLICABLE THEN YOU MUST PUT N/A IN THE FIELD.

THE TOWN OF HOLLYWOOD PARK
ON-SITE SEWERAGE 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: Bexar

Professional design required?: ☐Yes ☐No If yes, professional design attached: ☐Yes ☐No

I. SEWER (House drain):

TYPE AND SIZE OF PIPE: _____ SLOAPE 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 DIMENTIONS:_____
- LIQUID DEPTH (BOTTOM OF TANK TO OUTLET):_____
- SIZE/VOLUME REQUIRED:_____
- SIZE /VOLUME PROPOSED:_____

B. ☐AEROBIC:

- MANUFACTURER:_____
- MODEL #:_____
- SIZE/VOLUME REQUIRED:_____
- SIZE/VOLUME PROPOSED:_____

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. PLANNING MATERIALS

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

_____ _____ _____

DESIGNER'S SIGNATURE REGISTRATION NO./ EXPIRATION DATE DATE

☐NEW INSTALLATION
☐MODIFICATION

THE TOWN OF HOLLYWOOD PARK
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION

_____
TCEQ REGION NUMBER

_____
COUNTY OF INSTALLATION

1. PROPERTY OWNER'S NAME: _____
(LAST) (FIRST) (MIDDLE)

2. PERMANENT MAILING ADDRESS: _____

3. TELEPHONE # DURING DAY: _(____)_____

4. SITE ADDRESS: _____

5. LEGAL DESCRIPTION: Sec._____ Block_____ Lot_____ Date_____
SUBDIVSION: _____
OTHER THAN SUBDIVSION: ACREAGE _____ SURVEY _____

6. SOURCE OF WATER: ☐PRIVATE WELL ☐PUBLIC WATER SUPPLY _____
(Name Of Supplier)

7. SINGLE FAMILY RESIDENCE: No. Of Bedrooms _____ Living Area (ft^2) _____

8. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPES: _____
NO. OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED/WEEK: _____

9. SITE EVALUATOR: _____ CERTIFICATION #/EXP DATE: _____

10. DESIGNER: _____ LICENSE # (PE or RS) /EXP DATE: _____
PHONE # / FAX# : _____

11. INSTALLER: _____ REGISTRATION # / EXP DATE: _____
PHONE # / FAX#: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Town of Hollywood Park 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 the TCEQ's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

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

Date: _____ **Number:**_____

Applicant Information:

Name:_____
Address: _____
City:_____State:_____
Zip Code: _____Phone: _____Fax: _____

Site Evaluator Information:

Name:_____
Company:_____
Address: _____
City:_____State:_____
Zip Code: _____Phone: _____Fax: _____

Property Location:

Lot_____ Block_____ Subdivision_____
Street/Road Address_____
County_____ Unincorporated Area? Y or N
City_____ Zip Code_____
Additional Information_____
_____
_____

Installer Information:

Name:_____
Company:_____
Address: _____
City:_____State:_____
Zip Code: _____Phone: _____Fax: _____

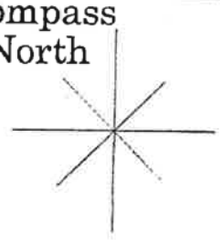
Schematic of Lot or Tract

Show:

- Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.
- Location of existing or proposed water wells within 150 feet of property.
- Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorptoon or irrigation area.
- Location of soil borings or dug pits (show location with respect to a known reference point).
- Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size:_____ acres

Compass North



Site Drawing

Scale: 1 inch= 50 feet

Features of Site Area

Presence of 100 year flood zone	Yes_____	No_____
Presence of upper water shed	Yes_____	No_____
Presence of adjacent ponds, streams, water impoundments	Yes_____	No_____
Existing or proposed water well in nearby area	Yes_____	No_____
Organized sewage service available to lot or tract	Yes_____	No_____

Site Evaluator:
Name: _____ Signature:_____ License No>_____

OSSF Soil Evaluation

Date Performed:_____

Property Location:_____ Proposed Excavation Depth:_____

Name of Site Evaluator:_____ Registration Number:_____

Requirements:

At least two 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 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 Number_____					
Depth (Feet)	Textural Class	Structure (if applicable)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0 1 2 3 4 5					

Soil Boring Number_____					
Depth (Feet)	Textural 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 ability.

_____ _____

Signature of Site Evaluator Date