



OSSF Plan Review Checklist

Project Address: _____

Date Received: _____ **Valuation:** _____

The items listed below are required for OSSF review.

- _____ OSSF Permit Application. Completely filled out.
- _____ OSSF Technical Information Sheet. Completely filled out.
- _____ Site Evaluation (soil, topography, vegetation) Must include location of flood hazards, slope of property or disposal field, and lot size with dimensions. Site Evaluation must include the site evaluators license number.
- _____ Site Diagram – Original and to scale
Must include spray area, elevations, grading, trees, vegetation, ditches, drainage easements, creeks, floodplain area, and clean-outs on site diagram.
- _____ System Name and Design - systems of 5000 gallons or more **MUST** be submitted to the Texas Commission on Environmental Quality for review.
- _____ Spray Irrigation Design
- _____ Pump/Alarm Diagram (gallons must be clearly marked)
- _____ Affidavit Surface Irrigation – (to be completed by owner of property.) Must be notarized and filed with Denton County Records. After sale or transfer of property a Transfer of Ownership is to be submitted to the City with new owner(s) name.
- _____ System Installers Registration (Copy) and Certification
- _____ Maintenance Agreement – to be submitted at time of application in order to construct the OSSF. An updated initial contract is also to 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.
- _____ Contractor Registration required for OSSF Installer.



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Town of Hickory Creek
1075 Ronald Reagan Avenue
Hickory Creek, Texas 75065

OSSF Permit Application

Project Address: Permit #:
Lot: Block: Subdivision:
Public Water Supply or Private Well? Date Lot Platted
Water Saving Devices? Yes No Is property in Floodplain? Yes No
Owner Information:
Name: Contact Person:
Address:
Phone Number: Fax Number: Mobile Number:

Project Information Lot Size: Year Platted:
Type of Dwelling:
Residential Commercial
Number of Bedrooms Living Area (square footage)
Number of Occupants Number of Days Occupied
Number of Bathrooms and Showers

Type of Construction: New Existing/Minor Modification
Reason for modification:
Description of work:

Modifications: Must submit any available original system designs and plans. Site diagram to include all existing structures, pools, sprinkler/disposal areas, slopes, landscaping, wells, and property lines. Aerobic modifications, must submit current maintenance contract and inspection.

Type of OSSF System: Aerobic Conventional
Name of manufacturer:
Brand of system:

Table with 4 columns: Role (Designer of system, Installer of system, Site Evaluator), Contact Person, Phone Number, License Number

Authorization is hereby given to the Town's Designated Representative to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site sewage facility. A permit to operate the facility will be granted when Notice of Approval is received by the Town.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Owner: Date:

OFFICE USE ONLY:

Approved by: Date Approved:

Total Fees:

Date Paid:

BV Project #



OSSF Technical Information Sheet

Project Address: _____ **Owner's Name:** _____

Professional Design required? **Yes** **No** **If yes, attached?** **Yes** **No**
(Must include lot size on planning materials)

Water Saving Devices: **Yes** **No** (Must indicate the use of water saving devices on planning material)

Sewer (House Drain) Type and size of pipe:

Stub out to treatment tank: _____ Treatment tank to disposal system _____

Slope of sewer pipe to tank: _____

Daily Wastewater usage rate: $Q =$ _____ (Gallons / Day)

Treatment Unit – Must include calculations for sizing of system on planning material

A. Septic Tank: Dimensions _____

Liquid Depth (Tank bottom to outlet) _____

Size Required _____ Size Proposed _____

B. Aerobic: Pretreatment Tank? **Yes** **No**

Manufacturer _____ Model # _____

Size Required _____ Size Proposed _____

C. Other: _____

(Please attach description)

Disposal System

Type: _____ Loading Rate: _____

Area Required _____ sq. ft. Area Proposed _____ sq. ft.

Additional Information (This material must be attached for review to be completed)

Soil/Site Evaluation

Scaled Site Drawing to include spray area

Pump Alarm Diagram Filed Affidavit

Construction is not permitted until application is approved and a permit is issued. Unauthorized construction can result in Civil and/or Administrative Penalties.

Designer's Signature

Reg. #

Date