



WILSON COUNTY
Health & Public Safety Office

CHECKLIST FOR PERMITS

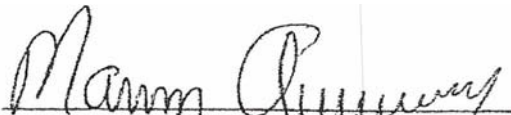
Wilson County Commissioners Court, hereby announces that effective June 1, 2007 that Wilson County will require the following permits applications be obtained prior to **any final inspections and/or release of permits being processed or approved.**

The following **Permits are required:**

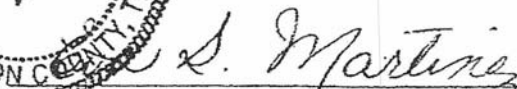
- Floodplain Permit (**Approval Required Before "OSSF" Start -Up**)
- On-Site Sewage Facilities "OSSF" (Septic) Permit
- Driveway Permit (County Maintained Roadways)

(See attached Checklist for Wilson County's Permit Application process. All checks payable to Wilson County)

Signed:


Mamm Quinney, Wilson County Judge




Eva S. Martinez, County Clerk

This is a list of requirements needed from the Property Owner, Installer, or Engineer for preparation of your paperwork in order to prevent delay of inspections:

- *** Legal Description of Property [PLAT]
- *** Proof of Ownership [RECORDED DEED]
- *** Drawing to Scale
- *** Name of Septic Company, Address and Phone Number
- *** 911 Address (Physical Address) [Verification Required From the 911 Addressing Department]

ALL SIGNATURES IN BLUE INK

**WILSON COUNTY, TEXAS
PERMIT REQUIREMENTS**

_____ Name of Property Owner	_____ Phone Number	_____ Email Address
_____ Name of Homeowner	_____ Phone Number	Prefer to receive approved development permit by: Mail or Email
_____ Property Owner's Mailing Address		
_____ 9-1-1 Address / Installation Address (Physical address of property)		

_____ Name of Subdivision	_____ Section/Unit No.	_____ Block No.	_____ Lot No.
Recorded Deed Vol. _____ Pg. _____			

APPLICATION PERMIT CHECKLIST REQUIRED INFORMATION	FOR USE BY COUNTY LEAVE THIS AREA BLANK	
_____ 911 Address Verification	_____ 911 Addressing	_____ Date
_____ Development Permit	_____ Permit No.	_____ Receipt No.
_____ Septic Permit On-Site Sewage Facilities "OSSF"	_____ Permit No.	_____ Receipt No.
<i>The authorization to construct is valid for twelve months from the date of issue. If a final inspection has not been performed within one year of issue, a new application and fee will be required.</i>		
_____ Driveway Permit (County Roadways)	_____ Permit No.	_____ Receipt No.
		_____ Date

APPLICANT ACKNOWLEDGEMENT OF PERMIT REQUIREMENTS

_____ Signature of [Applicant] / Owner	_____ Date
_____ Signature of Home Owner	_____ Date
Installer: _____	
Address: _____	Phone No. _____
Builder: _____	
Address: _____	Phone No. _____
Driveway: _____	
Address: _____	Phone No. _____

WILSON COUNTY PERMITTING
800 10th Street, Building B
Floresville, TX 78114
830-393-8357

DEVELOPMENT PERMIT APPLICATION FORM

STATE OF TEXAS §
COUNTY OF WILSON §

APPLICATION NO. _____

Name of Applicant: _____

Mailing Address: _____

Phone # _____

2. Location of property (Complete as appropriate) If located in a subdivision:

Name of Subdivision	Section/Unit No.	Block No.	Lot No.
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IF NOT located in a subdivision:

Name of Survey/Abstract	Acreage
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Location Description	(Physical address or attach a vicinity map)
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3. Nature of Proposed Construction (Check and complete as appropriate)

- Residential Non-Residential Other
 Alteration of a Natural Waterway or Drainage Course Placement of Fill

4. Description of Proposed Construction (Check and complete as appropriate)

- New Construction Substantial Improvement to Existing Structure
 House Mobile Home
 Non-Residential (Specify) _____
 Commercial (Name and Type of Business) _____
 Other _____

5. APPLICANT WILL PROVIDE ONE COPY OF PLANS AND SPECIFICATIONS OF THE PROPOSED CONSTRUCTION. (Describe)

DO NOT WRITE BELOW THIS LINE
FOR USE BY COUNTY ADMINISTRATOR

IS THE PROPERTY LOCATED IN AN IDENTIFIED FLOOD HAZARD AREA?

YES NO

IS ADDITIONAL INFORMATION REQUIRED? YES NO

ARE OTHER FEDERAL, STATE OR LOCAL PERMITS REQUIRED? YES NO

(Driveway Permit and Septic Tank Permit)

ARE OTHER COUNTY REGULATIONS APPLICABLE? YES NO

Exemption Certificate Issued

Permit Application Approved

Date of Issuance _____

Permit Application Rejected

LeAnn Hosek, CFM, EMC/911 Coordinator
Wilson County Floodplain Administrator

DEVELOPMENT PERMIT EXEMPTION CERTIFICATE

STATE OF TEXAS §
COUNTY OF WILSON §

WILSON COUNTY COMMUNITY - PANEL

APPLICATION NUMBER _____ NUMBER 48493C _____

NAME OF APPLICANT _____

THE ABOVE NAMED APPLICANT APPLIED FOR A DEVELOPMENT PERMIT ON _____.
THE COUNTY ADMINISTRATOR HAS REVIEWED THE APPLICATION AND IT IS HIS/HER DETERMINATION THAT THE
PROPOSED DEVELOPMENT IS NOT WITHIN AN IDENTIFIED FLOOD PLAIN OF WILSON COUNTY.

THIS CERTIFICATE EXEMPTS THE APPLICANT FROM DEVELOPMENT STANDARDS REQUIRED BY WILSON
COUNTY FLOODPLAIN MANAGEMENT REGULATIONS. WORK IS HEREBY AUTHORIZED TO PROCEED ON THE
FOLLOWING DESCRIBED PROPERTY:

THE COUNTY ADMINISTRATOR HAS REVIEWED THE PLANS AND SPECIFICATIONS OF THE
PROPOSED DEVELOPMENT AND DESIRES TO MAKE THE FOLLOWING RECOMMENDATIONS
FOR DEVELOPMENT OR DESIGN ALTERATIONS:

**ADVISE THAT NO STRUCTURE BE BUILT AND/OR PLACED IN ANY DRAINAGE OR CREEK
AREA. DUE TO THE POTENTIAL SHEET WATER FLOODING CONDITIONS, IT IS RECOMMENDED
THAT FLOOR ELEVATION BE A MINIMUM OF TWO (2) FEET ABOVE NATURAL GROUND WHERE
A CLEARLY DEFINED CHANNEL DOES NOT EXIST.**

WARNING:

The flood hazard boundary maps and other flood data used by the County Administrator in evaluating
flood hazards to proposed developments are considered reasonable and accurate for regulatory
purposes and are based on the best available scientific and engineering data. On rare occasions
greater floods can and will occur and flood heights may be increased by man-made or natural causes.
This exemption certificate does not imply that developments outside the identified areas of special flood
hazard will be free from flooding or flood damage. Issuance of this exemption certificate shall not create
liability on the part of Wilson County, the County Administrator or any officer or employee of Wilson
County in the event flooding or flood damage does occur.

(x) _____
Acknowledgment of Warning by Applicant

Date

LeAnn Hosek, CFM, EMC/911 Coordinator
Wilson County Floodplain Administrator

Date



Wilson County Health & Public Safety
800 10th Street Building B
Floresville, Texas 78114
830-393-8503

Wilson County Use Only
OSSF Permit # _____

APPLICATION FOR ON-SITE SEWAGE FACILITY
TCEQ Region 13

- New system
Replacement
Repair/Alteration

1. PROPERTY OWNER(S) NAME: _____
(Last) (First) (Middle)

2. CURRENT MAILING ADDRESS: _____

3. HOME PHONE NO.: _____ OTHER or FAX NO.: _____

4. 911 SITE ADDRESS: _____

5. PROPERTY LEGAL DESCRIPTION: _____

Acreeage: _____ Plat Date: _____ Subdivision name (if applicable): _____

PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION

6. DIRECTIONS TO SITE: _____

7. SOURCE OF WATER: Private Well Public Water Supply _____
(Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: _____ No. of Bathrooms: _____ Living Area (ft^2): _____

9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: _____

BUSINESS / INSTITUTION NAME: _____

RESPONSIBLE OFFICIAL: _____ NO. OF EMPLOYEES/UNITS: _____

10. SITE EVALUATOR: _____ LICENSE NO. _____

PHONE NO.: _____ OTHER or FAX NO.: _____

MAILING ADDRESS: _____

11. INSTALLER: _____ LICENSE NO.: _____

PHONE NO.: _____ OTHER or FAX NO.: _____

MAILING ADDRESS: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Wilson County Health & Public Safety to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

SIGNATURE OF OWNER: _____ DATE: _____



Wilson County Health & Public Safety
800 10th Street Building B
Floresville, Texas 78114
830-393-8503

Wilson County Use Only
OSSF Permit #

TCEQ Region 13

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED per Wilson County Ordinance

Designer: License Number:
License Type: Address:
Phone: Fax: Email:

I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)

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

II. DAILY WASTEWATER USAGE RATE: Q= (gallons/day)

Water Saving Devices: Yes No

III. TREATMENT UNIT(S): Septic Tank Aerobic Unit

A. Tank Dimensions: Liquid Depth (bottom of tank to outlet):
Size Proposed: (gal) Manufacturer:
Material/Model #:

Pretreatment Tank: Yes / No SIZE: (gal)

Pump/Lift Tank: Yes / No SIZE: (gal)

B. OTHER Yes No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: Trench: length x width

Area Proposed: square feet Area required: square feet

V. ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. Soil/Site evaluation B. Planning materials (If Applicable)

DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.

SIGNATURE OF DESIGNER: DATE:

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact the Wilson County Health and Public Safety Office at 830-393-8503. Individuals are entitled to request and review the personal information that WC H&PS gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 830-393-8503.

**WILSON COUNTY
OSSF SOIL EVALUATION**

Date Performed: _____ Proposed Excavation Depth: _____

Property Location: _____ Textural Class Determined For Drain field: _____

Name of Site Evaluator: _____ Registration Number: _____

Requirements:

At least two (2) soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Location 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 this 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					

ATTACH COPY OF SITE DRAWING

Features of Site Area

Presence of 100 year flood zone	See Wilson County Development Permit Application
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

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

CARE OF YOUR NEW SEPTIC TANK

Facility owners' responsibilities: a properly designed on-site sewerage facility, properly constructed in a suitable soil can malfunction if the amount of water it is required to dispose of is not controlled. It will be the responsibility of the owner to maintain and operate the facility in a satisfactory manner. The proper performance of an on-site sewerage facility cannot be guaranteed even though all provisions of these Standards have been met. Inspection and licensing of an on-site sewerage facility by the licensing authority shall indicate only that the facility meets minimum requirements and does not relieve the owner of the property from complying with County, State and Federal Regulations. On-site sewerage facilities, although approved as meeting minimum Standards, must be upgraded by the owner, at the owner's expense, if the owner's operation of the nuisance conditions are threatened or occur, or if the facility when used does not comply with government regulations.

An on-site sewerage system should not be treated as if it were a city sewer. Economy in the use of water helps prevent overloading of a sewerage system that could lessen its usefulness. Leaky faucets and faulty commode fill-up mechanisms should be carefully guarded against. Garbage grinders can cause a rapid buildup of sludge or scum resulting in a requirement for more frequent cleaning and possible system failure. The excessive use of garbage grinders and grease discarding should be avoided.

Check commodes for leaks that may not be apparent. Add a few drops of food coloring to the tank. Do not flush. If the color appears in the bowl within a few minutes, the toilet flush mechanism needs adjustment or repair.

Do not use the toilet to dispose of cleaning tissues, cigarette butts or other trash. This disposal practice will waste water and also impose an undesired solids load on the treatment system.

Since it is not practical for the average homeowner to inspect his tank and determine the need for cleaning, a regular schedule of cleaning the tank at two (2) to three (3) year intervals should be established. Commercial cleaners are equipped to readily perform the cleaning operation. Owners of septic tank systems shall engage only persons registered with the Texas Commission on Environmental Quality to transport the septic tank cleanings.

Signature of Property Owner

Date

Signature of Homeowner

Date

COUNTY OF WILSON
800 TENTH STREET, BLDG. B
FLORESVILLE, TX 78114
830-393-8503

APPLICATION FOR PERMIT TO CONSTRUCT AN ACCESS DRIVEWAY
FACILITY ON WILSON COUNTY RIGHT-OF-WAY

APPLICANT'S NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

FOR OFFICE USE ONLY:

WILSON CO. APPLICATION #: _____

RECEIPT NUMBER: _____

DATE OF APPLICATION: _____

DATE OF PERMIT: _____

Dear Applicant:

The **COUNTY OF WILSON** hereby accepts your application to (re)construct facilities on the County right-of-way for development of access to your property at _____ *(911 address)*

_____ *(subdivision name)*

provided you agree to and comply with conditions set forth in this application.

At time of application, applicant is installing:

- Construction Driveway or
- Permanent Driveway (Inspections will be conducted on permanent driveways only; this office must be notified 48 hrs. prior to pouring concrete.)

1. Design of the construction shall be as authorized and approved by the Wilson County Commissioner's agent or representative's plans and specifications, as set forth in the Driveway Permit Regulations.
2. Maintenance of facilities constructed as requested shall be the responsibility of the grantee and the **COUNTY OF WILSON** will reserve the right to require any changes or maintenance as may be necessary to provide protection of life or property on or adjacent to the road. Changes in design, when approved, will be made only with approval of the County Commissioner or designated agent.
3. The applicant shall hold harmless the **COUNTY OF WILSON** and its duly appointed agents, employees, and officials against any action for personal injury or property damages sustained by reason of the exercise of this application.
4. The applicant shall agree not to erect any sign on or extending over any portion of the road right-of-way, and vehicle service fixtures such as service pumps, vendor stands, tanks or water hydrants will be located twelve feet (12') from the right-of-way line to ensure that any vehicles serviced from these fixtures will be off the road.

I (We), the undersigned applicant(s), hereby agree to accept and comply with the terms and conditions set out in this application for the construction of an access driveway facility in the **COUNTY OF WILSON**.

Signature

Date

****MUST ATTACH SITE/LOCATION DRAWING & DRIVEWAY SPECIFICATIONS**
(WIDTH AT COUNTY ROAD, MATERIAL, CULVERT SIZE)**