Waco-McLennan Public Health

Waco-McLennan County Public Health District
On-Site Sewage Facilities (OSSF) Program
Dr. Mae Jackson Development Center
P.O. Box 2570
Waco, Texas 76702-2570
Phone: 254-299-2405
Fax: 254-750-6619

Application Instructions for an On-Site Sewage Facility

The following information outlines the procedure for applying for an On-Site Sewage Facility in McLennan County:

1. Complete the attached application form and checklist.
   a) Checklist and application must be complete or have N/A for items not applicable.
   b) The property owner must sign and date all documents before submission to our office.
   c) Property Owners/Installers may call in for a permit # when they are ready to acquire needed documents. **(Once a permit # is issued, the Property Owner/Installer has 72 hours to submit the OSSF permit. If the permit is not received within 72 hours, permit # will be recycled and re-issued – does not include weekends and holidays.)**
2. The site and soil analysis performed by a Registered Site Evaluator or Professional Engineer must be submitted along with an On-Site Sewage Facility Design created by a Registered Sanitarian or a Professional Engineer.
3. All permits must be submitted to the Waco-McLennan County Public Health District OSSF Office located inside the Dr. Mae Jackson Development Center at 401 Franklin Ave., Waco, TX 76701.
4. Please see the attached Fee Schedule for On-Site Sewage Facility fees. **(Fees are non-refundable.)**
5. Authorization to Construct (ATC) will be issued once the application is approved. The permit will be valid for one (1) year from the date the ATC is issued. If a first inspection is not called in within one (1) year of the issuance of the ATC, the property owner will be required to reapply for a new permit and pay a new permit fee.
6. The installer will be responsible to call the OSSF inspection line at 254-750-8008 by 8:00 a.m. the next morning for same day inspection, or send an inspection request to OSSF@wacotx.gov to set up all inspections:
   a) Test Holes (TH) (for soil evaluation; if applicable)
   b) 1st Inspection (1st)
   c) Final (FNL)
   d) Re-Inspection (RI)

   If the system meets all TCEQ and McLennan County OSSF requirements, the OSSF system will be approved for use, and the Notice of Approval (NOA) will be created and mailed to the property owner. **(OSSF systems cannot be placed into service until a final inspection is passed and a Notice of Approval (NOA) has been issued.)**
7. If you are applying for an Aerobic Treatment System or any other system that requires secondary treatment, an Affidavit to the Public must be completed, notarized, and filed at the McLennan County Records Building. Also, a two (2) year maintenance contract is required with the On-Site Sewage Facility Application.
8. Before submitting for an On-Site Sewage Facility, please contact the City of Waco Planning Department at 254-750-5608 if your property is within the City of Waco or its Extraterritorial Jurisdiction (ETJ) or the McLennan County Engineer's office at 254-757-5028.

****Please note that McLennan County allows for many types of On-Site Sewage Facilities. On-Site Sewage Facility types are determined by your site and soil evaluation.****

FORMS AND ATTACHMENTS

- ON-SITE SEWAGE FACILITY APPLICATION CHECKLIST
- CONTACT INFORMATION FOR OSSF STAFF MEMBERS
- FEE SCHEDULE
- ON-SITE SEWAGE FACILITY APPLICATION
- HOMEOWNER INFORMATION SHEET
- FLOODPLAIN DEVELOPMENT PERMIT
- AFFIDAVIT TO THE PUBLIC

Required On-Site Sewage Facility Permit Documents

Aerobic System:

1. Permit application and checklist
2. Design/site and soil evaluation
3. Recorded proof of ownership/legal description
4. Recorded plat or surveyor's drawing with stamp and field notes
5. Floodplain certificate submitted at McLennan County Records Building
6. Homeowner information sheet
7. Affidavit to the public submitted at McLennan County Records Building
8. Initial 2-year service agreement

Other than Aerobic Systems:

1. Permit application and checklist
2. Design/site and soil evaluation
3. Recorded proof of ownership/legal description
4. Recorded plat or surveyor's drawing with stamp and field notes
5. Floodplain certificate
6. Homeowner information sheet

****Installers and property owners, please verify that all the above documents are attached at the time of submittal of the permit application. Failure to provide these documents could result in a delay in the process or rejection of the application. ****

TELEPHONE NUMBERS/EMAIL

Technical and status of application questions:

Chance Feldman	(254)299-2473 (office)
OSSF Health Inspector Supervisor	(254)749-7641 (mobile)
Brandon McQueen	(254)750-8020 (office)
OSSF Health Inspector	(254)709-8278 (mobile)
Valerie Arevalo	(254)299-2407 (office)
OSSF Health Inspector	(254)749-8661 (mobile)
Kevin Miller	(254)299-2402 (office)
OSSF Health Inspector	(254)749-7644 (mobile)
Teresa Wills	(254)750-5467 (office)
Environmental Health Manager	

Administrative questions:

Chelsey Coon	(254)299-2405 (office)
Health Office Specialist	

To schedule an inspection:

Call voice mail message recorder	(254)750-8008
Email request to	OSSF@wacotx.gov

(Insert Inspection Request in the subject box)

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Fee Schedule
Effective October 1, 2026

Permit & Inspection

Includes application, permit, inspections, and notice of approval

Conventional Septic System		Aerobic Septic System	
Single Family Residences….	$510.00	Single Family Residences….	$710.00
Commercial/Non Single Family….	$610.00	Commercial/Non Single Family….	$810.00

Septic System Minor Repairs

Increasing, lengthening, or expanding the treatment (tanks) or disposal system (drain field / disposal area), spray area relocation, a single tank replacement such as a collapsed pump tank.

Single Family Residences….	$285.00	Commercial/Non Single Family….	$310.00

$10.00 Mandatory fee required on all permits, new or repairs. Fees collected are forwarded to the TCEQ Research Council. No portion of the fee is retained.

Septic System Failed/Reinspection Fees

Single Family Residences….	$200.00	Design Resubmittal Fee….	$100.00
Commercial/Non Single Family….	$300.00		

Misc. Fees

Subdivision Plat Review Site Evaluation…...	$100.00	Partial - Tank Inspection Fee….	$100.00
RV/Mobile Home Park Supplementary Fee..	$200.00	Annual Aerobic Unit Maintenance Fee…...	$40.00
		Maintenance Provider Admin. Penalty Fee..	$30.00

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On-Site Sewage Facility Application

Date Submitted: _____ P.I.D: _____

Permit: _____ Type of System: _____ Amount Due $:_____

APPLICATION TYPE

◯ New ◯ Minor Repair ◯ Tank Replacement

1. **PROPERTY OWNER / INSTALLER INFORMATION**

Owner Name: _____ Installer Name: _____
Mailing Address: _____ License #: _____
City, State, Zip: _____ Phone #: _____
Phone #: _____ Email: _____
Email: _____

2. **SITE LOCATION**

Address: _____ City: _____ ST: _TX_____ Zip: _____
Subdivision Name: _____ Unit: _____ Lot: _____ Blk: _____ Acreage: _____
Survey Name/Abstract Number: _____ Acreage: _____
Directions to Site: _____
_____
_____

3. **WATER SOURCE**

◯ Private Well ◯ Public W.S. Name _____

4. **TYPE OF DEVELOPMENT**

◯ **Single Family Residential**
Type of Construction (House, Mobile, Apartments RV, Etc.): _____
Number of Bedrooms: _____
Sq. Ft. of Living Area: _____

◯ **Non – Single Family Residential**
(Planning material must show adequate land area for doubling the required land needed for treatment units and the disposal area.)
Type of Facility: ◯ Commercial ◯ Institution ◯ Rental
Office, Factories, Churches, Schools, Parks, Etc. – Indicate Number of Occupants:
Restaurants, Lounges – Indicate Number of Occupants: _____
Hotel, Motel, Hospital, Nursing Home – Indicate Number of Occupants: _____
Travel Trailer/RV Parks – Indicate Number of Spaces: _____

5. **ESTIMATED WATER USAGE**

Number of People in the home: _____ X 75 Gallons per day = _____

6. **WATER TREATMENT EQUIPMENT**

Yes ◯ No ◯

7. **SIGNATURE OF OWNER**

By signing this application, I certify that:
I certify that I have read and understood the previous pages and that the above statements are true and correct to the best of my knowledge. The completed application and all additional information submitted do not contain any false information or conceal any material facts. Authorization is hereby given to the Waco-McLennan County Public Health District, its agents, and or representatives to enter upon the above-described private property to perform a site evaluation and inspections of an on-site sewage facility.

Signature of Owner: _____

Printed Name of Owner: _____ Date: _____

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Homeowner Information Sheet

Permit Number: _____

Owner's Name: _____

Site Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

This is to certify that the installer, site evaluator, or system designer has explained alternative systems that are available depending on the site and soil conditions for the site address.

Please select have or not have in the following sentence:

I wish to (not have) an Aerobic Treatment System installed.

Aerobic Treatment Units are not required by the Waco-McLennan County Public Health District.

If an Aerobic Treatment Unit system (ATU) is installed, I understand that at least 30 days prior to the expiration of the initial two-year service policy, a maintenance contract with a certified maintenance provider or approved homeowner training is required in accordance with the On-Site Sewage Facilities Order for McLennan County. An ATU requires proper operation, periodic inspections, maintenance, testing, and reporting to function properly.

In addition to the maintenance contract, an annual aerobic unit contract maintenance fee of $20.00 is required. This fee is paid to the OSSF program each year regardless of the terms of the maintenance contract or if I, as homeowner, choose to maintain the system.

Homeowner: _____ Signature: _____ Date: _____
Printed Name

FLOODPLAIN DEVELOPMENT PERMIT

McLennan County, Texas

Section 1 – Application

MCAD Prop. # _____ Date: _____

Applicant's Name: _____

Applicant's Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No.: ( )_____ Work Phone No.: ( )_____

Physical Location of Site: _____

Brief Description of Project: _____

_____

_____

Required Attachments: (1) Plans showing location, dimensions, and elevations of lowest floors of proposed project; (2) Engineer's or Architect's certification of floodproofing of non-residential structures; (3) information relative to any waterway alteration; and (4) other information as requested by the Floodplain Administrator in writing.

Section 2 – Exemption

This project is determined to lie outside of the 100-year floodplain and thus is exempted from the County's "Flood Damage Prevention Order." ***(Warning: This determination was made using F.I.S., U.S.G.S. maps, and FEMA data with limited accuracies; the undersigned is responsible only for interpretation of available data.)***

_____ Date: _____

Floodplain Administrator or Designated Assistant

Section 3 – Permit**

This project is determined to lie within the 100-year floodplain and must be flood-proofed to an elevation of _____ feet above mean sea level and shall conform to the attached requirements contained in the County's "Flood Damage Prevention Order." ***(Warning: This determination was made using F.I.S., U.S.G.S. maps, and FEMA data with limited accuracies; the undersigned is responsible only for interpretation of available data.)***

_____ Date: _____

Floodplain Administrator or Designated Assistant

Section 4 – Permit is ☐ Approved ☐ Denied

Permit to proceed with this project is **approved** or **denied** for the following reason(s):

_____

_____

_____ Date: _____

Floodplain Administrator or Designated Assistant

***** Applicant shall furnish an elevation certificate within 10 business days of completion of foundation construction.***

Fee Paid (amount): $_____ Check #: _____ County Receipt #: _____

OSSF Permit No. _____

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF MCLENNAN *
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 owner of record of that certain tract or parcel of land lying and being situated in McLennan County, Texas, and being more particularly described as follows:

_____

(Add legal description here in lot and block or attach metes and bounds)

The undersigned further states that an aerobic on-site wastewater treatment system has been installed or will be installed in accordance with the permitting provisions of Waco-McLennan County Public Health District. Reference: ***Application number***_____. The undersigned has entered into a service policy agreement, as required by the permitting entity, with a licensed maintenance provider for the initial two-year maintenance. After the initial two-year service policy, the owner of an aerobic on-site wastewater treatment system for a single-family residence shall either obtain a maintenance contract within 30 days or maintain the system personally. An owner may not maintain an aerobic on-site wastewater treatment system for commercial, speculative residential, or multifamily property.

Upon sale or transfer of the above-described property, the permit for the system shall be transferred to the buyer or transferee. A copy of the planning materials for the aerobic on-site wastewater treatment system may be obtained from the Waco-McLennan County Public Health District.

Any future buyer(s) or transferee(s) is hereby notified that a maintenance contract with a licensed maintenance provider is required for the use of an aerobic on-site wastewater treatment system that serves commercial, speculative residential, or multifamily property.

For more information concerning the rules or regulations on aerobic on-site wastewater treatment systems, please contact the Texas Commission on Environmental Quality, P.O. Box 13087, Austin, Texas 78711.

WITNESS MY/OUR HAND(S) on this _____ day of _____, _____.

_____ _____
Printed Name of Applicant Signature of Applicant

SUBSCRIBED BEFORE ME on this _____ day of _____

by _____

_____
Signature of Notary Public

My Commission Expires _____

Please return to: Waco-McLennan County Public Health District
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On-Site Sewage Facility Application Checklist

_____	_____	_____
Date Received	**Permit Number**	**Property ID #**

Instructions:

Place a check mark next to all items accompanied in this permit application packet. For items that do not apply, place "N/A". This On-Site Sewage Facility Application Checklist **must** accompany the completed application.

APPLICATION DOCUMENTS (Property Owner Use)

- Complete On-Site Sewage Facility Application **(signed and dated by the property owner)**
- Copy of Recorded Proof of Ownership with Legal Description **(legible)**
- Copy of the Property Survey or Plat **(surveys must have the engineer's stamp) (plats cannot be used as proof of ownership)**
- Informed Owner Form
- Floodplain Development Permit
- Site & Soil Evaluation
- Design
- For Aerobic Treatment System:
  - Affidavit to the Public
  - Maintenance Contract

FOR AUTHORIZATION TO CONSTRUCT (ATC) (Office Use)

New Minor Repair Tank Replacement Complaint Yes No

Date	Initials		Date	Initials	
_____	_____	Fees Received	_____	_____	Scan for Appraisal District
_____	_____	Rec. Proof of Ownership with Legal Description **(legible)**	_____	_____	Computer Entry
_____	_____	Survey or Plat Informed	_____	_____	Owner Form
_____	_____	Platting Required	_____	_____	Flood Dev. Permit
_____	_____	Plat Pending	_____	_____	Recorder Plat Received
_____	_____	Affidavit for Aerobic Treatment	_____	_____	Receipt for Affidavit
_____	_____	Maintenance Contract			
_____	_____	Site & Soil Evaluation			
_____	_____	Design			
_____	_____	Design Approved	_____	_____	Ready for ATC
_____	_____	ATC Issued	_____	_____	Computer Entry

NOTICE OF APPROVAL (NOA) (Office Use)

Date	Initials		Date	Initials	
_____	_____	Revision Received / Approved	_____	_____	Computer Entry (SAFE)
_____	_____	First Inspection Complete	_____	_____	Computer Entry (SAFE)
_____	_____	Re-Inspection Complete	_____	_____	Computer Entry (SAFE)
_____	_____	Final Inspection Complete	_____	_____	Scan to (SAFE)
_____	_____	NOA Issued			
_____	_____	Documentation Mailed to Owner			