



Waco-McLennan County Public Health District
OSSF Program
Mae Jackson Development Program
P.O. Box 2580
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 Center at 401 Franklin Ave. Waco, TX 76701.
4. Please see the attached Fee Schedule for On-Site Sewage Facility-related 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 or send an inspection request to OSSF@wacotx.gov to set up all inspections.
 - a) Test Holes (TH) (for soil evaluation)
 - 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 (ATC) 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 filled out and filed at the county records office. 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 Alason Duncan with the City of Waco Planning Department at 254-750-5608 if your property is within the City of Waco or its Extra Territorial Jurisdiction (ETJ) or the McLennan County Engineers office at 257-750-5028.

****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:

- REQUIRED DOCUMENTS FORM
- CONTACT INFORMATION FOR O.S.S.F STAFF MEMBERS
- FEE SCHEDULE
- ON-SITE SEWAGE FACILITY APPLICATION
- HOMEOWNER INFORMATION SHEET
- FLOOD PLAIN DEVELOPMENT PERMIT
- AFFIDAVIT TO THE PUBLIC

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
6. Homeowner sheet
7. Affidavit to the public
8. Initial 2yr 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 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:

| | |
|---|---|
| On-Site Sewage Facility Supervisor | (254)299-2473 (254)749-8661 (mobile) |
| Charles Gulebian On-Site Sewage Facility Inspector | (254)299-2407 (254)749-7641 (mobile) |
| Kevin Miller On-Site Sewage Facility Inspector | (254)299-2402 (254)749-7644 (mobile) |
| Teresa Wills Environmental Health Manager | (254)750-5467 (Office) |

Administrative questions:

| | |
|--|--|
| Beth Norlie Health Office Specialist | (254)299-2405 |
| To schedule an inspection: Call voice mail message recorder | (254)750-8008 |
| Email request to (Insert Inspection Request in the subject box) | OSSF@wacotx.gov |

**ON-SITE SEWAGE FACILITY
FEE SCHEDULE
FOR
McLENNAN COUNTY**

| | Fee Amount (Per System) |
|--|------------------------------------|
| One single family residence with one OSSF (single structure) | \$410.00 |
| One single family residence with one Aerobic OSSF (single structure) | \$510.00 |
| Non-single-family residence with one OSSF | \$610.00 |
| Non-single-family residence with one Aerobic OSSF | \$710.00 |
| All Commercial or Business with one OSSF | \$610.00 |
| All Commercial or Business with one Aerobic OSSF | \$710.00 |
| | |
| Reinspection Fee (Per Occurrence) * | \$100.00 |
| | |
| For other OSSF arrangements | Call Office |

****ALL SYSTEMS RE-INSPECTION FEES ARE TO BE PAID BY THE INSTALLER,
EACH TIME A CONSTRUCTION INSPECTION FAILS. ****



On-Site Sewage Facility Application Checklist

Date Submitted: _____ P.I.D: _____
Permit #: _____ Type of System: _____ Amount Due \$: _____

APPLICATION TYPE

New Repair Alteration Permitted Alteration Non-Permitted

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, 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, Theaters – 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: _____ Date: _____
Printed Name of Owner: _____ Driver's License #: _____



Waco-McLennan County Public Health District
OSSF Program
Mae Jackson Development Program
P.O. Box 2580
Waco, Texas 76702-2570
 Phone: 254-299-2405
 Fax: 254-750-6619

- City of Bellmead*
- City of Beverly Hills*
- City of Bruceville-Eddy*
- City of Crawford*
- City of Gholson*
- City of Golinda*
- City of Hallsburg*
- City of Hewitt*
- City of Lacy-Lakeview*
- City of Leroy*
- City of Lorena*
- City of Mart*
- City of McGregor*
- City of Moody*
- City of Riesel*
- City of Robinson*
- City of Ross*
- City of Waco*
- City of West*
- City of Woodway*
- McLennan County*

Homeowner Information Sheet

Owner's Name: _____ Driver's License Number: _____
 Site Address: _____ City: _____ ST.: TX. ZIP: _____
 Phone Number: _____ Email: _____

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 (have) (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.

Homeowner: _____

Printed Name
Signature
Date

FLOODPLAIN DEVELOPMENT PERMIT



McLennan County, Texas

Section 1 – Application

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.A and U.S.G.S maps 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.A. and U.S.G.S maps with limited accuracies; the undersigned is responsible only for interpretation of available data.)

Section 4 – Permit Denied

Permit to proceed with this project was denied for the following reason(s):

Date: _____

Floodplain Administrator or Designated Assistant

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

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

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

SWORN TO AND
SUBSCRIBED BEFORE ME on this _____ day of _____
by _____

Signature of Notary Public

My Commission Expires _____

Please return to: Waco-McLennan County Public Health District
OSSF Program
Mae Jackson Development Center
P.O. Box 2570
Waco, Texas 76702-2570

