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### **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](mailto:OSSF@wacotx.gov) to set up all inspections:
  - a) Test Holes (TH) (for soil evaluation)
  - b) 1<sup>st</sup> Inspection (1<sup>st</sup>)
  - 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:

Travis Frazier	(254)299-2473 (office)
OSSF Health Inspector Supervisor	(254)749-8661 (mobile)

Brandon McQueen	(254)750-8020 (office)
OSSF Health Inspector	(254)709-8278 (mobile)

Chance Feldman	(254)299-2407 (office)
OSSF Health Inspector	(254)749-7641 (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:

Beth Norlie	(254)299-2405 (office)
Health Office Specialist	

To schedule an inspection:

Call voice mail message recorder	(254)750-8008
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Email request to	<a href="mailto:OSSF@wacotx.gov">OSSF@wacotx.gov</a>
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(Insert Inspection Request in the subject box)

# ON-SITE SEWAGE FACILITY

## FEE SCHEDULE

October 1, 2024

Fee Description	Fee Amount	Notes
<b>Any type of System Permit fee &amp; System Major Repairs</b>		Includes application, permit, inspections, and notice of approval
One single-family residence (single structure)	\$410.00 **	<b>Any type of non-aerobic treatment unit</b>
One non-single-family residence (multi-unit, multiple structures, commercial)	\$610.00 **	<b>Any type of non-aerobic treatment unit</b>
Design re-submittal fee	\$50.00	System designs returned after initial application due to incomplete, incorrect, or non-compliant information. Fee applies each time design is returned.
<b>Aerobic Treatment Units Permit fee &amp; System Major Repairs</b>		System replacement, drain field or disposal area replacement, or any repairs or replacements regardless of size to a previously un-permitted system.
One single-family residence (single structure)	\$510.00**	<b>Aerobic Treatment Unit</b>
One non-single-family residence (multi-unit, multiple structures, commercial)	\$710.00**	<b>Aerobic Treatment Unit</b>
Annual aerobic unit maintenance fee (per aerobic unit)	\$20.00	After initial two-year warranty, all aerobic units must have an ongoing maintenance contract. Fee is submitted by the provider or by the owner if owner is maintaining the system personally.
Maintenance Provider administrative penalty fee (per contract)	\$25.00	When a provider (not homeowner) fails more than once in a contract period per contract, regardless of number of contracts held by the provider, any combination of the following: fails to submit reports, fails to submit reports on time, submits reports that are incomplete or incorrect, fails to provide the required number of inspections per contract. The fee is payable before next report is due.
<b>Reinspection Fee</b>		When the facility is not ready for inspection when inspector arrives on location
Single-family residences	\$200.00	
Commercial; Non-single-family residences	\$300.00	
<b>System Minor Repairs</b>		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.
One single-family residence	\$210.00 **	
One non-single-family residence	\$310.00 **	
<b>Other Fees</b>		
Subdivision plat review site evaluation	\$100.00	Review of planning materials for site suitability
** \$10.00 fee required on all permits, new or repairs, for the Texas On-Site Wastewater Treatment Research Council.	\$10.00	Fee is mandatory. Fees collected are forwarded to the Research Council. No portion of the fee is retained.

(All separate structures (e.g. loft, mini-apartments, etc.) or any other structures that can be used for living quarters, regardless of the time duration, or if attached to a garage will be deemed a living structure.)



# 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

### On-Site Sewage Facility Application

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: \_\_\_\_\_

Printed Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_



# 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

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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 (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 or if I, as homeowner, choose to maintain the system.

Homeowner: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name

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*Serving the cities of Bellmead, Beverly Hills, Bruceville-Eddy, Crawford, Gholson, Golinda, Hallsburg, Hewitt, Lacy Lakeview, Leroy, Lorena, Mart, McGregor, Moody, Riesel, Robinson, Ross, Waco, West, Woodway, and all areas of McLennan County.*

# 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. \_\_\_\_\_

Rev 2/29/2024

**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:

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**(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  
OSSF Program  
Dr. Mae Jackson Development Center  
P.O. Box 2570  
Waco, Texas 76702-2570





### ***On-Site Sewage Facilities (OSSF) Program***

P.O. Box 2570

**Phone:** 254-299-2405

**Fax: 254-750-6619**

**Property ID #**

_____	_____	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			