



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

## Application Instructions for an On-Site Sewage Facility

An Authorization to Construct must be obtained from the On-Site Sewage Facilities Program before starting the construction or installation of an On-Site Sewage Facility.

A Notice of Approval must be obtained from On-Site Sewage Facilities Program before using the facility. Using the facility prior to obtaining a permit is a violation of State of Texas Environmental Laws and Regulations.

**TO MAKE APPLICATION FOR AN ON-SITE SEWAGE FACILITY PERMIT THE FOLLOWING MUST BE COMPLETED AND SUBMITTED: PLEASE READ CAREFULLY, BECAUSE THE APPLICATION REVIEW WILL NOT BEGIN UNTIL ALL INFORMATION IS RECEIVED!**

1. Complete an application form for an On-Site Sewage Facility permit and for a McLennan County Flood Plain Development permit. Include **recorded** proof of ownership (deed or contract of sale), legal description and a plat/survey of the property, complete directions to the site, and a preliminary site drawing. (See 3B). Upon completion of the application, it is to be taken to the On-Site Sewage Facilities Program in the City of Waco Dr. Mae Jackson Development Center at 401 Franklin Avenue for submittal and payment of fees.
2. Pay the required appropriate fee. The fee schedule is attached for your review. \$10 of the application fee goes to the Texas Commission On Environmental Quality. Checks are to be made out to the City of Waco. MasterCard and Visa credit cards are accepted for payment. Fees are **not refundable** and must be paid at the time of application submittal. **Applications expire one year from the date submitted if an Authorization to Construct is not issued. An Authorization to Construct shall expire one year from date issued.**
3. Prepare the property to determine the location and suitability of the facility before requesting an evaluation.
  - A. Before the evaluation is requested, determine the area most suitable utilizing the attached Minimum Distance chart. The area should be one with the most amount of soil and least slope.
  - B. Prepare a drawing, to be submitted with the application, with distances shown between features, in an area that is large enough for the system and including all of the following that apply:
    - I. All water wells; existing, proposed, and on adjacent property.
    - II. All buildings and surface improvements; existing and proposed, (includes driveways, decks, pools, etc.).
    - III. Slopes and contours, including sharp slope breaks.
    - IV. Existing and proposed water lines.
    - V. Roads & easements on or adjacent to the property.
    - VI. Creeks, waterways, drainage areas, flood plain, floodway on or adjacent to the property.
  - C. Provide two (2) soil profile holes a minimum of 20 ft. apart and 5 ft. deep in the proposed drain field area or until rock is encountered. This is required to determine the amount and type of soil and any evidence of ground water.

4. A. Call for a soil evaluation when steps 1, 2, and 3 are complete.
- B. A conventional septic system will work if a minimum of five (5) feet of acceptable (Class Ib, II, or III) soil is present with no evidence of ground water and enough room is available. Sizing of a conventional system may be done by this office or by a licensed installer, Professional Engineer, or Registered Sanitarian after the soil analysis test is done for lots equal to or larger than ½ acre.

Any lot, regardless of age, that is smaller than ½ acre with a public water system, or smaller than 1 acre with individual water well, must have the On-Site facility designed by a Registered Sanitarian or Professional Engineer regardless of soil conditions.

Alternative systems are to be used with unacceptable soil (clay soils), lesser soil depths or if certain other conditions are present such as rock, caliche, ground water, high gravel content in the soil, etc. A Professional Engineer or a Registered Sanitarian will be required to design a system that will work for these site conditions. The design must be submitted to, and approved by, this office before the Authorization to Construct is issued. An Affidavit to the Public is required for Aerobic systems.

5. After items 1 thru 4 are submitted, and the site evaluation completed, the information will be reviewed. Once the information has been approved, an authorization to construct will be issued. The Installer must have the authorization to construct in hand to begin work.
6. Up to three (3) inspections may be required as the system is installed. There shall be at least one inspection when the system is completely built prior to covering it up, and one inspection to confirm final cover and operation of system. Alternative systems will be inspected by the designer and this office. An inspection by this department is not a substitute for an inspection by the design Engineer or Sanitarian and vice-versa.
7. A written Notice of Approval will be issued after all inspections have been passed, all paperwork has been completed, and any required as-builts for changes to the original design received. When the Approval is issued, the system may then be put into use.

The installer is to provide the owner with written information regarding the use, maintenance, and water conservation measures related to the type of OSSF installed per 30 TAC Chapter 285.39.

PLEASE KEEP THESE INSTRUCTIONS, FEE SCHEDULE, AND CONTACT INFORMATION FOR YOUR REFERENCE

FORMS AND ATTACHMENTS:

- APPLICATION FOR AN ON-SITE SEWAGE FACILITY
- CONTACT INFORMATION FOR O.S.S.F. STAFF MEMBERS
- FEE SCHEDULE
- AFFIDAVIT TO THE PUBLIC FOR AEROBIC TREATMENT UNITS
- FLOOD PLAIN DEVELOPMENT PERMIT
- HOMEOWNER INFORMATION SHEET



### APPLICATION FOR AN ON-SITE SEWAGE FACILITY

Directions: Please complete all information. If not applicable, write N/A. Failure to submit a complete application, based on the items requested in the previous pages, will result in delays, and is not considered a completed application. An incomplete application will NOT be reviewed. **Fees are not refundable or transferable.**

Amount Due \$ \_\_\_\_\_ Permit # \_\_\_\_\_

New Home (Y or N) \_\_\_\_\_ Alteration (Y or N) \_\_\_\_\_ Date Submitted \_\_\_\_\_

1. Owner of property \_\_\_\_\_

2. Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

3. Installer \_\_\_\_\_ Lic.# \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

4. Site Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Directions to Site \_\_\_\_\_

5. Property Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision Name \_\_\_\_\_

or Tract & Survey Name \_\_\_\_\_ Tract/Lot Size \_\_\_\_\_

6. Source of Water: Private Well \_\_\_\_\_ or Public W.S. Name \_\_\_\_\_

7. Building Use (Y or N): Single Family Residence \_\_\_\_\_ Mobile Home \_\_\_\_\_ Rental \_\_\_\_\_

Commercial/Institution/Rental \_\_\_\_\_ Type & Use \_\_\_\_\_

If a residence, the number of bedrooms \_\_\_\_\_ Square footage of living area \_\_\_\_\_

Are there any other structures located on this property? \_\_\_\_\_

8. Estimated water usage: Number of people in home \_\_\_\_\_ x 75 gallons per day = \_\_\_\_\_ GPD

9. Will water treatment equipment be used at this site? Yes \_\_\_\_\_ or No \_\_\_\_\_

10. Check this fact. Is an organized sewage collection system within 300 feet? Yes \_\_\_\_\_ or No \_\_\_\_\_

I certify that I have read and understand the previous pages and 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 for the purpose of site evaluation and inspection of on-site sewage facilities.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Owner \_\_\_\_\_ Driver's License # \_\_\_\_\_

*Owner of the property must sign. An agents' or installers' signature is not valid.*



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## TELEPHONE NUMBERS

Technical & status of applications questions:

Jeff Vallon On-Site Sewage Facility Supervisor	254-299-2473 254-749-8661 (mobile)
Kevin Miller On-Site Sewage Facility Inspector	254-299-2402 254-749-7644 (mobile)
Charles Gulebian On-Site Sewage Facility Inspector	254-299-2407 254-749-7641 (mobile)
David Litke Program Administrator	254-750-5465

Administrative questions:

Destiny Salazar Health Office Specialist	254-299-2405
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To call for inspections:

Voice mail message recorder	254-750-8008
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**ON-SITE SEWAGE FACILITY  
PERMIT FEE SCHEDULE  
FOR  
McLENNAN COUNTY**

One single family residence with one OSSF	\$410
One single family residence with one Aerobic OSSF	\$510
Non single-family residence with one OSSF	\$610
Non single-family residence with one Aerobic OSSF	\$710
All Commercial or Business with one OSSF	\$610
All Commercial or Business with one Aerobic OSSF	\$710
Re-Inspection Fee (Per Occurrence) *	\$100
For other OSSF arrangements	Call Office

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

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

**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.)*

Date: \_\_\_\_\_

\_\_\_\_\_  
Floodplain Administrator or Designated Assistant

Section 4 – Permit Denied

Permit to proceed with this project is 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 #: \_\_\_\_\_

