



McMullen County OSSF Program OSSF License and Registration

Licensee's Full Name: _____

Licensee's Mailing Address: _____

OSSF Property Legal Description: _____

OSSF Property Address/Location: _____

Application Number: _____

OSSF Maintenance Contract Copy Attached: _____ (Secondary treatment systems only)

The referenced OSSF System is hereby Approved for Operations, and may be operated subject to the conditions defined here and in 30TAC-285.

County Designated Representative

License Issuance Date

OSSF License Number

Single Family Residential System ____
Multi-Family/Commercial System ____

NOTE: This **License and Registration** is valid for five years from the date of issuance, and thereafter for five year terms in perpetuity for single family residential OSSF systems, subject to proper operations and maintenance to avoid nuisance conditions or public health risk. Changes in system design definition, or improper operations or maintenance resulting in nuisance conditions or public health risk may result in cancellation of this license, and require re-permitting at the County's discretion. The County maintains the right to inspect this OSSF system for compliance with proper notice to enter the property for inspection.

This **License and Registration** is valid for a term of five years from the date of issuance for multi-family, large tract multiple, or commercial OSSF systems, subject to proper operations and maintenance to avoid nuisance conditions or public health risk. Changes in system design definition, or improper operations or maintenance resulting in nuisance conditions or public health risk may result in cancellation of this license, and require re-permitting at the County's discretion. The County maintains the right to inspect this OSSF system for compliance with proper notice to enter the property for inspection. This License and Registration may be renewed for successive 5-year terms by the County, subject to a re-inspection and payment of associated Re-Inspection Fee. Licensee shall contact County at least 90 days prior to license renewal date to schedule re-inspection. (License Renewal Date: _____)



McMullen County OSSF Program On-Site Sewerage System Application

(A) Owner's Full Name: _____

Owner's Mailing Address: _____

(B) Property Legal Description: _____

(C) Property Address/Location: _____

(D) Site Drawing Attached: _____ Yes

(Scaled drawing to include: Lot w/ dimensions and area (acres), Planned improvements/ structures, Site elevation 2-ft contours, Soil boring locations (w/ field stakes), Planned OSSF improvements/layout/cross-section, Lot and adjacent water wells, Lot easements, Steep slopes, Other key features)

(E) Plan Prepared By: _____ Owner/Installer _____ P.E./Sanitarian⁽¹⁾

⁽¹⁾ Required for all non-standard systems, non-single family residential, multiple systems, system in regulated floodways. Also separately reqd for pre-cast septic tank certification)

(F) Planned Site Improvements:

a. Single Family Residence _____

1. No. of Bedrooms _____

2. Total Living Space _____ (square feet)

3. Water Softener _____ No _____ Yes (Must be DIR Type)

4. Whole-house RO _____ No _____ Yes (Incl reject w/ design flow)

5. Design Flow _____ Gallons per Day

b. Other _____ (Separate design report to be submitted by P.E. or Sanitarian)

- (G) **Site Evaluation Completed:** _____ Yes (Attach Site Evaluation report completed by P.E. or Site Evaluator)
- a. Soil Classification _____
 - b. Site Slope _____ %
 - c. Restrictive Horizon _____ No _____ Yes (Depth below grade)
 - d. Groundwater within 24-inches of Bottom _____ No _____ Yes
 - e. Positive Site Drainage _____ No _____ Yes
 - f. Flood Hazard _____ No _____ Yes (Reference FEMA Map Panel No. _____)
 - g. Potential Area Contamination Features _____ No _____ Yes

(H) **OSSF Design Checklist Attached:** _____ (Reqd for each OSSF design by system type)

(I) **Secondary Treatment System Maintenance Affidavit:** _____ Yes(1) _____ N/A
 (Reqd only for secondary treatment, spray irrigation, holding tanks, and other non-standard systems. Provide copy of Deed Recorded affidavit)

(J) **Rule Variance Request:** _____ No _____ Yes (If yes, system must be designed by P.E. or Sanitarian, with requested variance described in separate design report)

(K) **Application Fee:** (Includes \$10 TCEQ fee. Make checks/money orders payable to *McMullen County*. If necessary, Additional Inspection fee is \$50 per re-inspection)

- a. Single Family Residence (\$210) _____
- b. Multi Family Residence (\$310) _____
- c. Commercial (\$410) _____
- d. Non-Standard System (Additional \$50)

(L) **Installer Name:** _____ **Installer License No.** _____

(M) **Application Signature:**

 Applicant Printed Name

 Application Date

 Applicant Signature

P.E./Sanitarian Seal/Date
 (Only for P.E./Sanitary Designed Systems)

PE/Sanitarian Certification:

"I hereby certify that this on-site sewage facility design submitted conforms to the McMullen County Regulations for On-site Sewage Facilities, and with proper use, maintenance, and under normal climatic conditions can be expected to function without creating a nuisance."

Application Approval:

County Designated Representative

Date

Application Number

NOTE: OSSF Construction may not begin until this Application has been approved, fees paid, and an ***Authorization to Construct*** issued by the County.