MCMULLEN COUNTY

APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND MODIFICATION
PHONE NO: (361) 449-8043 FAX NO: (361) 449-1013

COUNTY USE ONLY
APPLICATION NO.
DATE
AMOUNT

Property Owners Name:_____
(Last) (First) (Middle) (Spouse/Other)

Mailing Address:_____/_____/_____
(# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

Telephone Number:_____/_____/_____
(Home) and (Work) and/or (Other)

911 Site Address:_____/_____/_____
(Address Required) (# & Street Name (or) P.O. Box # & Route # & Box #) (City) (Zip)

Lot_____, Block_____, Subdivision_____, Unit #_____

Acreage_____, Survey Name_____Tract_____Section_____

Water Usage Rate "Q" (Gallons Per Day): _____Water Saving Devices: ☐ Yes ☐ No

Source of Water: ☐ Private Well ☐ Public Water Supply - Name_____

☐ Single Family Residence: Number of Bedrooms_____ Square Footage Living Area_____

☐ Commercial/Institutional/Multi-Family: Type:_____

Name of Business:_____

No. of Employees/Occupaints/Units:_____Days Occupied Per Week:_____

Site Evaluator:_____Registration Number & Type:_____

Designer:_____Registration Number & Type:_____

Address:_____Telephone:_____

Installer:_____Registration Number & Type:_____

Address:_____Telephone:_____
(Street, P.O. Box, or Route/City/Zip)

I hereby certify that under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information is true, accurate, and complete to the best of my knowledge. I understand that any misrepresentation or falsification my result in denial of my application. Authorization is hereby granted for the Permitting Authority to enter the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and related activities. A permit to operate the facility will be granted following a successful inspection of the system.

_____ _____
(Signature of Owner) (Date)

Approval

Permission is hereby granted to install the above described sewage disposal system on this Property. (Note: Copy of this Application must remain on job site at all times during construction.)

Approved By:_____Date:_____

Final Construction Diagram for system attached: Yes_____No_____

On-Site Final Construction Inspection: Date:_____Initial_____

Remarks:

_____

_____

_____

_____

After final inspection. This is a permit to operate systems.

CREATIVE PRINTING 361-786-2122

MCMULLEN COUNTY

ON-SITE SEWAGE FACILITY

TECHNICAL INFORMATION FOR PERMIT

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL
UNAUTHORIZED CONSTRUCTION CAN RESULT IN PENALTIES

PROPERTY OWNER'S NAME_____

☐ **New House /w New System** ☐ **Replace System** ☐ **Modification** ☐ **Emergency Repair**

Professional design required: ☐Yes ☐No If Yes, professional design attached: ☐Yes ☐No

I. SEWER (House Drain)

Type and Size of Pipe_____ Slope of Sewer Pipe to Tank_____

II. DAILY WASTEWATER USAGE RATE: Q=_____(GALLONS PER DAY)

Water Saving Devices: ☐Yes ☐No

III. TREATMENT UNIT: ☐SEPTIC TANKS ☐AEROBIC UNIT ☐OTHER

Tank Dimensions_____ Liquid Depth (Bottom Of Tank to Outlet)_____
(R & H or L, W & H) (Inches)

Size Required_____(Gallons) Size Proposed_____(Gallons)

Manufacturer_____ Model #_____ Distributor_____

Type Material of Tank_____ Pretreatment Tank Required: ☐Yes ☐No

IV. DISPOSAL SYSTEM

Type: ☐Conventional ☐Leaching Chambers ☐Aerobic ☐Drip ☐Gravel-Less Pipe ☐E-Z Flow ☐LPD
☐Pipe & Gravel

Area Required_____ Area Proposed_____

V. ADDITIONAL INFORMATION

Note: THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETE
Site Evaluation
Planning Materials
Design

THE ATTACHED CHECKLIST DETAILS THOSE ITEMS THAT MUST BE ADDRESSED UNDER EACH OF THESE CATEGORIES.

_____ _____ _____
Designer's Signature Registration # Date

CREATIVE PRINTING 361-786-2122

MCMULLEN COUNTY
OSSF Soil & Site Evaluation

Property Owner:_____ **Date Performed:**____/____/____

Site Location:_____ **Proposed Excavation Depth:**_____

REQUIREMENTS:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed disposal field excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on this form. Indicate depths where features appear.

Soil Boring Number:

Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

Soil Boring Number:

Depth (Feet)	Texture Class	Gravel Analysis (If Applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
1 FT.					
2 FT.					
3 FT.					
4 FT.					
5 FT.					

FEATURES OF SITE AREA

Presence of 100 year flood zone ☐Yes ☐No
Presense of upper water shed ☐Yes ☐No
Presence of adjacent ponds, streams, water impoundments ☐Yes ☐No
Existing or proposed water well in nearby area (within 150 feet) ☐Yes ☐No
Ground Slope _____%

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

_____ (Signature of person performing evaluation)

_____ (Date)

_____ Registration Number and Type

CREATIVE PRINTING 361-786-2122

MCMULLEN COUNTY

SITE LOCATION:_____ DATE PERFORMED:_____/_____/_____

☐ Subsurface Disposal ☐ Surface Disposal

SCHEMATIC OF LOT OR TRACT

Show:

Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and any other structures where known.

Location of existing or proposed water wells within 150 feet of the property.

Indicate slope or provide contour lines from the structure to the farthest location of the proposed disposal field.

Location of soil boring or excavation pits (show location with respect to a known reference point).

Location of natural, of natural, constructed, or proposed drainage ways (ditches, streams, ponds, lakes, rivers, etc.), water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size:_____ or Acreage:_____

SITE DRAWING

CREATIVE PRINTING 361-788-2122

MCMULLEN COUNTY
P.O. Box 670
George West, Texas 78022
361-449-8043

OSSF APPLICATION CHECKLIST

Instructions:

Place a check mark next to all items that apply. For items that do not apply, place "N/A". This OSSF Application Checklist MUST accompany the completed application.

OSSF Permit

_____ Completed Application for Permit for Authorization to Construct an On-Site Sewage Facility and License to Operate

_____ Site/Soil Evaluation Completed by a Certified Site Evaluator or a Professional Engineer

_____ Planning Materials of the OSSF as Required by the TCEQ Rules for OSSF Chapter 285.

Planning Materials shall consist of a scaled design and all system specifications.

_____ Required Permit Fee

_____ Copy of Recorded Deed

_____ Surface Application/Aerobic Treatment System

_____ Recorded Certification of OSSF Requiring Maintenance/Affidavit to the Public

_____ Signed Maintenance Contract with Effective Date as Issuance of License to Operate

I affirm that I have provided all information required for my OSSF Development Application and that this application constitutes a completed OSSF Development Application.

X _____
Signature of Applicant

Date: _____

_____ COMPLETE APPLICATION

CHECK NO: _____

PERMIT NO: _____

_____ INCOMPLETE APPLICATION

(MISSING ITEMS CIRCLED, APPLICATION REFUSED)

Date Received: _____

Received by: _____

Approved by: _____