

MENARD COUNTY
APPLICATION REQUIREMENTS FOR ON-SITE SEWAGE FACILITY PERMITS
FACILITY PERMIT FEE: \$400.00

- OBTAIN AN OSSF APPLICATION FROM THE MENARD COUNTY COURTHOUSE.**
- A LICENSED SOIL/SITE EVALUATOR OR STATE LICENSED ENGINEER MUST CONDUCT A COMPLETE SITE EVALUATION. A DETAILED REPORT DOCUMENTING THE RESULTS OF THE SOIL AND SITE CONDITIONS MUST BE SUBMITTED FOR ALL SYSTEMS INSTALLED.**
- HAVE PLANNING MATERIALS PREPARED BY THE REQUIRED INDIVIDUAL.**
 - ◀ **STANDARD SYSTEMS MAY BE PREPARED BY THE OWNER OR THE OSSF INSTALLER.**
 - ◀ **NON-STANDARD AND PROPRIETARY SYSTEMS MUST BE PREPARED BY A PROFESSIONAL ENGINEER OR A PROFESSIONAL REGISTERED SANITARIAN.**
- SUBMIT COMPLETED APPLICATION AND TECHNICAL INFORMATION SHEETS 1 & 2.**

REMIT THE APPROPRIATE FEE AND TWO COPIES EACH OF THE FOLLOWING: SOIL/SITE EVALUATION RESULTS; ALL PLANNING MATERIALS; A RECORDED AFFIDAVIT (IF REQUIRED UNDER 30 TAC 285.4(b)(2)(d)); A SIGNED MAINTENANCE CONTRACT (IF REQUIRED UNDER 30 TAC 285.3(b)(3)). DIRECTIONS TO THE SITE SHOULD ALSO BE INCLUDED.

- THE SUBMITTED APPLICATION AND PLANNING MATERIALS WILL BE REVIEWED BY THE APPROPRIATE DESIGNATED REPRESENTATIVE FOR MENARD COUNTY.**

NON-STANDARD PLANNING MATERIALS MAY BE REVIEWED BY EITHER THE TCEQ REGION 8 SAN ANGELO OFFICE UPON REQUEST BY THE AUTHORIZED AGENT AND DESIGNATED REPRESENTATIVE OF MENARD COUNTY OR BY THE TCEQ CENTRAL OFFICE OSSF SUPPORT STAFF IN AUSTIN, TEXAS.

- WHEN APPROVED, AN AUTHORIZATION TO CONSTRUCT (ATC) WILL BE ISSUED IN WRITING AND IN THE NAME OF THE PROPERTY OWNER. THE ATC IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE.**
- THE INSTALLER MUST NOTIFY THE LOCAL DESIGNATED REPRESENTATIVE AT LEAST FIVE WORKING DAYS BEFORE THE DATE OF THE CONSTRUCTION INSPECTION.**
- ALL EXCAVATIONS MUST BE LEFT OPEN UNTIL THE FINAL INSPECTION HAS BEEN COMPLETED.**
- IF THE INSTALLATION IS APPROVED, A NOTICE OF APPROVAL, (NOA) WILL BE ISSUED TO THE OWNER WITHIN SEVEN DAYS.**
- THE OSSF INSTALLER OR THE INSTALLER'S REGISTERED APPRENTICE ON RECORD MUST BE PRESENT ONSITE DURING ALL OSSF SITE INSPECTIONS 30 TAC 285.50(f).**

NOTE: IF A RE-INSPECTION FEE IS REQUIRED, A FEE SHALL BE PAID EQUAL TO ½ THE ORIGINAL PERMIT FEE. THIS FEE MUST BE PAID BY THE INSTALLER FOR EACH TIME THE SYSTEM IS RE-INSPECTED. ALL FEES MUST BE PAID BEFORE NOTICE OF APPROVAL WILL BE ISSUED.

ALL FEES ARE NON-REFUNDABLE AND MUST BE PAID BY CHECK OR MONEY ORDER.
CASH WILL NOT BE ACCEPTED.
PAYMENTS MUST BE MADE PAYABLE TO THE MENARD COUNTY OSSF PROGRAM

NEW INSTALLATION

OR

REPAIR/ALTERATION

MENARD COUNTY
Application for On-Site Sewage Facility

P.O. Box 1038
Menard, Texas 76859
Inspector: Mike McDougall (830) 864-4167

COUNTY USE ONLY

APPLICATION NO.

DATE

AMOUNT

1. PROPERTY OWNERS NAME: _____
2. CURRENT MAILING ADDRESS: _____
3. DAYTIME TELEPHONE NUMBER: _____
4. 911 SITE ADDRESS: _____
5. LEGAL DESCRIPTION SECTION: _____ BLOCK: _____ LOT: _____ PLAT DATE: _____
 SUBDIVISION YES NO _____
 OTHER THAN SUBDIVISION: ACREAGE: _____ SURVEY NAME: _____
 ABSTRACT NAME/NO: _____
6. PHYSICAL LOCATION/DIRECTIONS TO SITE: _____

7. SOURCE OF WATER PRIVATE WELL PUBLIC WATER SUPPLY _____
(NAME OF SUPPLIER)
8. SINGLE FAMILY RESIDENCE: NO. OF BEDROOMS: _____ LIVING AREA (FT²): _____
9. COMMERCIAL/INSTITUTIONAL TYPE: _____
(INCLUDING MULTI-FAMILY RESIDENCES)
 NUMBER OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED/WEEK: _____
10. SITE EVALUATOR: _____ LICENSE NO: _____
 PHONE NUMBER: _____
11. DESIGNER: _____ LICENSE NO: _____
 PHONE NO: _____
12. INSTALLER: _____ LICENSE NO: _____
 PHONE NO: _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. AUTHORIZATION IS HEREBY GIVEN TO THE DESIGNATED REPRESENTATIVE OF MENARD COUNTY TO ENTER UPON THE ABOVE DESCRIBED PROPERTY FOR THE PURPOSE OF SOIL/SITE EVALUATION CLARIFICATION AND INVESTIGATION OF AN ON-SITE SEWAGE FACILITY.

 SIGNATURE OF OWNER

 DATE

**MENARD COUNTY
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT
APPLICATION NO: _____**

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL.
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL/AND OR ADMINISTRATIVE PENALTIES.**

OWNER'S NAME: _____ **COUNTY:** _____

PROFESSIONAL DESIGN REQUIRED? YES NO **IF YES, PROFESSIONAL DESIGN ATTACHED?** YES NO

SEWER (HOUSE DRAIN)

TYPE & SIZE OF PIPE: _____ **SLOPE OF SEWER PIPE TO TANK:** _____

I. **DAILY WASTE WATER USAGE RATE: Q =** _____ **GALLONS/DAY**

WATER SAVING DEVICES: YES NO

II. **TREATMENT UNIT:** SEPTIC TANK ACROBIC UNIT

A. **TANK DIMENSIONS:** _____

LIQUID DEPTH (BOTTOM OF TANK TO OUTLET): _____

SIZE REQUIRED: _____ **SIZE PROPOSED:** _____

MANUFACTURER: _____ **MATERIAL/MODEL NO.:** _____

PRETREATMENT TANK: YES **SIZE:** _____ (GAL) NO N/A

B. **OTHER:** _____
(PLEASE ATTACH DESCRIPTION)

III. **DISPOSAL SYSTEM:** **TYPE:** _____

AREA REQUIRED: _____ **AREA PROPOSED:** _____

PROVIDE THE CALCULATIONS FOR SIZING THIS SYSTEM OR ATTACH ADDITIONAL PAGES.

IV. **ADDITIONAL INFORMATION:**
NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED

A. **SOIL/SITE EVALUATION**

B. **PLANNING MATERIALS**

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

DESIGNER'S SIGNATURE

LICENSE NO.

DATE

**MENARD COUNTY
 AUTHORIZED AGENT OSSF PROGRAM
 SITE EVALUATION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACILITY**

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THE DESIGN PACKAGE FOR REVIEW BY THE MENARD COUNTY DESIGNATED REPRESENTATIVE. FAILURE TO INCLUDE OR ADDRESS ALL OF THE FOLLOWING ITEMS MAY RESULT IN APPROVAL DELAYS.

APPLICATION NO. _____

APPLICATION SITE INFORMATION		SITE EVALUATOR INFORMATION	
NAME		NAME	
ADDRESS		ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE NO.		PHONE NO.	
COUNTY		LICENSE NO.	

ADDITIONAL INFORMATION: _____

SITE EVALUATION:

A MINIMUM OF TWO SOIL BORINGS OR BACKHOE PITS MUST BE EXCAVATED AT OPPOSITE ENDS OF THE PROPOSED DISPOSAL AREA. THE BORINGS OR PITS MUST BE EXCAVATED TO A DEPTH OF TWO FEET BELOW THE PROPOSED EXCAVATION, OR TO A RESTRICTIVE HORIZON, WHICHEVER IS LESS. THE BORING OR PIT LOCATIONS MUST BE INDICATED ON THE SITE DIAGRAM. THIS REPORT SHALL INCLUDE A GROUNDWATER EVALUATION, A SURFACE DRAINAGE ANALYSIS, AND ALL APPLICABLE MINIMUM SEPERATION REQUIREMENTS IN REGARD TO TAC 30 285.91 (10) TABLE X.


PLANNING MATERIALS:

THE PROPOSED TREATMENT AND EFFLUENT DISPOSAL SYSTEM SHALL BE PREPARED BASED ON THE SITE EVALUATION. THE SUBMITTAL REQUIREMENTS MUST INCLUDE THE FOLLOWING DETAILS.

- A LEGIBLE SCALE DRAWING OF THE ON-SITE SEWAGE FACILITY, SHOWING ALL STRUCTURES SERVED.
- ANY DOCUMENTS PREPARED BY A PROFESSIONAL ENGINEER OR PROFESSIONAL REGISTERED SANITARIAN MUST BE SIGNED, SEALED, AND DATED.
- PROPOSED DESIGNS MUST COMPLY WITH ALL SEPARATION DISTANCES IDENTIFIED IN 30 TAC 285.91 (10) TABLE X.
- A SECTIONAL VIEW OF THE TANKS, INCLUDING PUMP TANKS, AND EXCAVATIONS MUST BE SUBMITTED.

SOIL BORING/BACKHOE PIT NUMBER						
DEPTH (FEET)	SOIL CLASS 285.30 (b)(1)(A)(i-v)	GRAVEL ANALYSIS 285.30(b)(1)(B)	RESTRICTIVE HORIZON 285.30(b)(1)(C)(i,ii)	GROUNDWATER 285.30(b)(2)	TOPOGRAPHY 285.30(b)(3)(A)	FLOOD HAZARD 285.30 (b)(3)(B)
0						
1 FT						
2FT						
3FT						
4FT						
5FT						
6FT						
7FT						

SOIL BORING/BACKHOE PIT NUMBER						
DEPTH (FEET)	SOIL CLASS 285.30 (b)(1)(A)(i-v)	GRAVEL ANALYSIS 285.30(b)(1)(B)	RESTRICTIVE HORIZON 285.30(b)(1)(C)(i,ii)	GROUNDWATER 285.30(b)(2)	TOPOGRAPHY 285.30(b)(3)(A)	FLOOD HAZARD 285.30 (b)(3)(B)
0						
1 FT						
2FT						
3FT						
4FT						
5FT						
6FT						
7FT						



INDICATE NORTHERN DIRECTION

I CERTIFY THAT THE RESULTS OF THIS REPORT ARE BASED ON MY SITE OBSERVATIONS AND ARE ACCURATE TO THE BEST OF MY ABILITY.

SIGNATURE

LICENSE NO.

DATE