

MCCULLOCH COUNTY
199 COUNTY COURTHOUSE, ROOM 302
BRADY TX 76825
325-597-0733 EXT. 4
325-597-2980 fax

PERMIT PROCEDURE FOR ON -SITE SEWEAGE FACILITY:

****ALL pages in packet MUST be filled out completely****

“SEE ATTACHED” WILL NOT BE ACCEPTED

- ___ Obtain an application from McCulloch County Judge’s office.
- ___ Have appropriate individual (Registered Sanitarian, Professional Engineer, or Licensed Installer) perform mandatory soil identification procedure.
- ___ Have appropriate individual prepare planning materials. Professional design (R.S., P.E.) is required for proprietary and non-standard systems.
- ___ If installing an **Aerobic/Surface System and AFFIDAVIT TO THE PUBLIC** (last page of this permit) **must be filed** with the County Clerk’s office and a copy attached to the permit.
- ___ Submit **completed** application and technical information sheet (in property owner’s name) **with all pages intact**. Include the appropriate fee for permit **\$360.00**.
- ___ Plans and application will be reviewed by county staff.
- ___ Upon approval an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issuance. After one year, a new application and fees is required.
- ___ Begin construction. Inspection is required **BEFORE** covering of the system. Contact county inspector at least **5 working days** in advance to arrange for the inspection.

GENERAL INFORMAITON:

1. **McCulloch County Inspector, Al Hamrick 325-372-1751**
2. **McCulloch County DOES identify the 10 acre rule.**
3. Residential and commercial permit fee is **\$360.00**.
4. No refund of any amount will be granted
5. Inspection fee is included in the permit fee.
6. A **re-inspection fee** equal to ½ the permit amount be must paid by the installer for each time the system must be re-inspected. All fees must be paid before a Notice of Approval will be issued.

MCCULLOCH COUNTY
APPLICATION FOR ON-SITE SEWAGE FACILITY
NEW CONSTRUCTION AND/OR MODIFICATION

_____ New Installation
_____ Modification
Application # _____
Date _____
Amount _____

Property Owner's Name: _____
(Last) (First) (Middle)

Phone number during the day: _____

Mailing Address: _____

Site Address: _____

Legal Description: Sec. _____ Block _____ Lot _____ Date _____

Subdivision _____

Other than Subdivision: Acreage _____ Survey _____

Source of Water _____ Private Well _____ Public Water Supply

(Name of Supplier)

Single Family Residence: No. of Bedrooms _____ Square Ft. _____

Commercial/Institutional (Including multi-family residence) _____

Type: _____

Number of Employees/Occup./Units _____ Days Occupied per Week _____

Site Evaluator: _____ License # _____

Designer: _____ License # (PE or RS) _____

Phone #: _____

Installer: _____ License # _____

Type of Disposal System: _____ Absorptive Mount _____ Drip Irrigation

_____ Evapotranspiration Beds _____ EZflow Systems _____ Gravelless Pipe

_____ Leaching Chambers _____ Low Pressure Dosing _____ PTI Systems

_____ Pumped Effluent _____ Standard Trenches/Beds _____ Surface Applications

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the McCulloch County On-Site Sewage Agent to enter upon the above described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system.

Signature of Owner

Date

**MCCULLOCH COUNTY
ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT**

APPLICATION # _____

**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

1. Sewer (House drain): Type and size of pipe: _____
Slope of sewer pipe to tank: _____

2. Daily Wastewater usage rate: $Q =$ _____ (gallons per day)
Water saving devices: _____ Yes _____ No

3. Treatment Unit:

a. _____ Septic Tank - Manufacturer _____
Tank dimensions _____ Liquid depth _____
Size required _____ Size Proposed _____

b. _____ Aerobic - Manufacturer: _____ Model # _____
Size required _____ Size Proposed _____

c. _____ Other: _____
(Please attach description.)

4. Disposal System: Type _____
Area Required: _____ Area Proposed _____

5. Additional Information (Note – This information must be attached for review to be completed.)

- a. Site Evaluation
- b. Planning Materials

Designer's Signature

License #

Date

Date: _____

Application No.: _____

Applicant Information:

Site Evaluator Information:

Name: _____

Name: _____

Address: _____

Company _____

City: _____ State _____

Address: _____

Zip _____ Phone: _____

City: _____ State _____

Zip Code: _____ Phone: _____

Property Location:

Installer Information:

Lot ___ Block ___ Subdivision _____

Name: _____

Address: _____

Company: _____

City: _____ State: _____

Address: _____

Zip: _____ County: _____

City: _____ State: _____

Unincorporated Area? ___ Yes ___ No

Zip Code: _____ Phone: _____

Email or Fax: _____

Schematic of Lot or Tract

Show:

- Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.
- Location of existing or proposed water wells within 150 feet of property
- Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption irrigation area.
- Location of soil borings or dug pits (show location with respect to a known reference point.)
- Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill blank, sharp slopes and breaks.

Lot Size: _____ Acres

Site Drawing
Scale: 1 inch = 50 ft.

**Compass
North**

N
|
W---|---E
|
S

**SKETCH MUST BE DRAWN TO SCALE & SHOW LOCATION OF
SOIL SAMPLE POINTS OF SOIL ANALYSIS.**

Features of Site Area

Presence of 100-year flood zone? Yes No
Presence of upper water shed? Yes No
Presence of adjacent ponds, streams, water impoundments? Yes No
Existing or proposed water well in nearby area ? Yes No
Organized sewage service available to lot or tract ? Yes No

Site Evaluator: _____ Signature: _____
License #: _____ Date: _____

OSSF SOIL EVALUATION

Date Performed: _____
 Property Location: _____
 Proposed Excavation Depth: _____

Requirements:

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

Soil Boring Number:

Depth (Feet)	Textural Class	Structure (is applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

Soil Boring Number:

Depth (Feet)	Textural Class	Structure (is applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

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 Site Evaluator

 License #

 Date

AFFIDAVIT TO THE PUBLIC

COUNTY OF MCCULLOCH
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 ___ representative of, or ___ owner of record of that certain tract or parcel of land lying and being situated in McCulloch County, Texas, and being more particularly described as follows:

Name of Owner of Property _____

Physical Address of Property _____

Survey Name _____ Abst. ___ Vol. ___ Page(s) ___ Acres ___

OR

Subdivision _____ Phase ___ Blk ___ Lot ___

_____ GPD is the maximum usage for this residence

EVAPOTRANSPORATIVE

The undersigned further states that he/she will, upon any sale or transfer of the above described property, inform any buyer or transferee that an Evapotransporative drain field is utilized on the property. State law requires this due to the system's wastewater disposal limits.

AEROBIC SYSTEM:

The undersigned further states that he/she will, upon any sale or transfer of the above described property, request a transfer of permit to operate such system to the buyer or transferee. Any buyer or transferee is hereby notified that a maintenance contract with an approved maintenance company will be required for use of the system.

Failure to abide by the above stated conditions constitutes a violation of the Rules of McCulloch County, Texas for On-Site Sewage Facilities and will result in the filing of a complaint with the Justice of the Peace Court having jurisdiction in the area where the offense

WITNESS MY HAND on this the _____ day of _____, 20 ____.

(Representative or Property Owner's Signature)

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20 ____ by _____.

NOTARY OF PUBLIC in and for the STATE OF TEXAS

Licensed Installer's Signature