

# WALLER COUNTY

## Environmental Division



**Tonya Mewis, D.R. 30240**  
**Brandee Tiemann, D.R. 35520**  
**Shane Schroeter, D.R. 35868**  
**Neal Pieper, D.R. 37833**

### APPLICATION FOR PRIVATE SEWAGE FACILITY LICENSE

On-site sewage facilities (OSSF) are commonly known as septic systems; our office provides information, education, permitting and inspection for new and existing septic systems. We also investigate complaints related to failing or improperly maintained septic systems.

Onsite sewage facilities (OSSF) are wastewater systems designed to treat and dispose of effluent on the same property that produces the wastewater. Regular maintenance and inspection of OSSF protects public and environmental health and enhances private property use and value.

It is a violation of state law to discharge sewage onto the ground.

Permits and an approved plan to construct, alter, repair, extend and operate an On-Site Sewage Facility are required. Applications may be obtained at <https://www.co.waller.tx.us/page/environment> or at the Environmental office, 929 5th St, Hempstead, Texas.

This list represents the minimum information required to begin the review process. During the review, other information may be required. The plan must clearly indicate that the proposed facility will meet the minimum requirements of the applicable rules, regulations, construction standards, and County policies.

A completed application and permit fee must be submitted to the Waller County Environmental Division after a Flood Plain Development/Exemption has been issued from Waller County Road and Bridge. *All required forms must be included with the application when submitted.* You may submit the application in person or email to [environmental@wallercounty.us](mailto:environmental@wallercounty.us)

#### Required Forms:

- 1) Application completely filled out
- 2) Design/Planning Material/Site Evaluation
- 3) Floor plan
- 4) Well Log
- 5) Affidavit to the Public - must be recorded in the County Clerk's Office prior to submitting to Environmental (only for Aerobic Systems)
- 6) Maintenance Contract (Aerobic Systems) Two year Service for new systems
- 7) Permit Fee \$310.00 Single Family Dwelling/ \$510.00 for all other type of OSSF (payable by cash, check (made to Waller County) or online at [www.co.waller.tx.us/page/environment](http://www.co.waller.tx.us/page/environment))

A final inspection is required and will be made upon completion of installation. If a re-inspection is required a fee of \$150.00 for a single family dwelling and \$250.00 for all other types of OSSF. The fee is due before re-inspection. *Request for a final inspection should be made by notifying our office, a minimum of 24 hours prior to the proposed completion time.*

If you should have any questions, please contact the office at 979-921-0391.

*Tonya Mewis*  
Designated Representative #30240

WALLER COUNTY ENVIRONMENTAL DEPARTMENT  
APPLICATION FOR AN ON-SITE SEWAGE FACILITY  
Residential Application

*Application valid one year from date of authorization to construct*

PERMIT NUMBER
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Applying for: New System \_\_\_\_\_ Existing System (permit # \_\_\_\_\_) Failing? \_\_\_\_\_ Alteration/Repair \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) Drivers Lic #/ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address at Site: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Description: Subdivision \_\_\_\_\_ Sec: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Survey Name: \_\_\_\_\_ Abstract: \_\_\_\_\_ Tract: \_\_\_\_\_ Acres: \_\_\_\_\_

Property ID#: \_\_\_\_\_ Precinct: \_\_\_\_\_

In the Floodplain: YES \_\_\_\_\_ NO \_\_\_\_\_ (If in the floodplain; Approved Elevation Certificate required)

Information about Structure Type: Single Family Dwelling \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_

Living Square Footage: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Water Saving Devices: YES \_\_\_\_\_ NO \_\_\_\_\_

Source of Water: \_\_\_\_\_ Private Well \_\_\_\_\_ Existing (well log required)  
\_\_\_\_\_ New \_\_\_\_\_ (Name of Well Driller)  
\_\_\_\_\_ Public Water Supply \_\_\_\_\_ (Proof Required)

**Engineering Plan and Specifications in Support of Application Submitted:**

Engineer or Sanitarian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ TCEQ No. \_\_\_\_\_

Site Evaluator Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ TCEQ No. \_\_\_\_\_

System Installer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ TCEQ No. \_\_\_\_\_

*AUTHORIZATION is hereby given to Waller County, Texas, the Texas Commission on Environmental Quality and to the agents, or designees, singularly or jointly, to enter upon the above describe property during daylight hours for the purpose of inspecting sewage facilities for any reason consistent with the water quality program of the Texas Commission on Environmental Quality.*

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

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

929 5<sup>th</sup> St, Hempstead, TX 77445 Phone 979-921-0391 Email [environmental@wallercounty.us](mailto:environmental@wallercounty.us)

OFFICE USE ONLY: Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ # \_\_\_\_\_ CC \$ \_\_\_\_\_ # \_\_\_\_\_

WALLER COUNTY ENVIRONMENTAL DEPARTMENT  
APPLICATION FOR AN ON-SITE SEWAGE FACILITY  
Commercial Application  
*Application valid one year from date of authorization to construct*

PERMIT NUMBER

Applying for: New System \_\_\_\_\_ Existing System (permit # \_\_\_\_\_) Failing? \_\_\_\_\_ Alteration/Repair \_\_\_\_\_

Owner(s) / Company Name: \_\_\_\_\_

Owner(s) Drivers Lic #/ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address at Site: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Description: Subdivision \_\_\_\_\_ Sec: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Survey Name: \_\_\_\_\_ Abstract: \_\_\_\_\_ Tract: \_\_\_\_\_ Acres: \_\_\_\_\_

Property ID#: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Precinct: \_\_\_\_\_

In the Floodplain: YES \_\_\_\_\_ NO \_\_\_\_\_ (If in the floodplain; Approved Elevation Certificate required)

Information about Structure Type: \_\_\_\_\_ Industrial/Manufacturing \_\_\_\_\_ Business/Office Other: \_\_\_\_\_

Square Footage: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Source of Water: \_\_\_\_\_ Private Well \_\_\_\_\_ Existing (well log required)  
\_\_\_\_\_ New \_\_\_\_\_ (Name of Well Driller)  
\_\_\_\_\_ Public Water Supply \_\_\_\_\_ (Proof Required)

Engineering Plan and Specifications in Support of Application Submitted:

Engineer or Sanitarian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ TCEQ No. \_\_\_\_\_

Site Evaluator Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ TCEQ No. \_\_\_\_\_

System Installer Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ TCEQ No. \_\_\_\_\_

*AUTHORIZATION is hereby given to Waller County, Texas, the Texas Commission on Environmental Quality and to the agents, or designees, singularly or jointly, to enter upon the above describe property during daylight hours for the purpose of inspecting sewage facilities for any reason consistent with the water quality program of the Texas Commission on Environmental Quality.*

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

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY: Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ # \_\_\_\_\_ CC \$ \_\_\_\_\_ # \_\_\_\_\_

**WALLER COUNTY OWNER(S)  
ORIENTATION CERTIFICATE**

\_\_\_\_\_  
Installer Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

Septic Permit #: \_\_\_\_\_

Customer: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_

**I HAVE SUCESSFULLY COMPLETED MY OWNER(S)  
ORIENTATION. I HAVE RECEIVED A COPY OF MY SERVICE  
POLICY, WARRANTY, OWNERS MANUAL, AND ANY OTHER  
RELATED PAPER WORK (DRAWINGS, PUMP OUT MANIFEST,  
ETC.). I HAVE BEEN INFORMED ON THE BASIC OPERATION  
OF MY AEROBIC SEPTIC SYSTEM.**

Customer Signature: \_\_\_\_\_

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

Installer Signature: \_\_\_\_\_

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

**WALLER COUNTY  
Environmental Office**



**EFFECTIVE FEBRUARY 6, 2019**

**RE: CONDITIONAL PERMITTING OF ON-SITE SEWAGE FACILITY APPLICATION**

**Texas Administration Code Title 30 Chpt. 285.3 (a) (4) Conditioning of Permits:**

The permitting authority may require conditions to a permit in order to ensure that the permitted OSSF system will operate in accordance with the planning materials and system approval. Failure to comply with these condition is a violation of the permit and this chapter. Any violation of a condition of a permit that would be considered an alteration as defined in Chpt. 285.2 (2) of this title would require a new permit.

**AN INSPECTION WILL NOT BE SCHEDULED WITHOUT A COPY OF THE WELL LOG. WELL LOG MUST BE RECEIVED IN OUR OFFICE PRIOR TO INSPECTION.**

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Site Address:

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Property ID

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Homeowner Signature

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Date

---

Installer Signature

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Date

---

Waller County Environmental Designated Rep

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Date

# AFFIDAVIT TO THE PUBLIC

For Aerobic Only

THE COUNTY OF WALLER  
STATE OF TEXAS

## CERTIFICATION OF OSSF REQUIRING MAINTENANCE

.....According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of Waller County, Texas.

### I

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), 5.012 and 5.013, gives the commission primary responsibility for implementing the laws of the State of Texas relating to water and adopting rules necessary to carry out its powers and duties under the TWC. The commission, under authority of the TWC and the Texas Health and Safety Code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

### II

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code 285.91(12) will be installed on the property described as \_\_\_\_\_ **Legal Description**  
(Abstract No., Survey Name, Tract, Acres) (Subdivision Name, Section, Block, Lot)

This property is owned by \_\_\_\_\_  
**Owner's full name**

This OSSF must be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally after being certified.

Upon any sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner; after a written notice to the permitting authority of the sale on the above property. A copy of the planning materials for the OSSF can be obtained from Waller County the Permitting Authority

\_\_\_\_\_  
Print Owner(s) name

\_\_\_\_\_  
Owner(s) Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public, State of Texas

\_\_\_\_\_  
Notary's Printed Name

\_\_\_\_\_  
My Commission Expires



**Slope:****Vegetation:****Drainage:**

Flat > 2%		Grass / brush		Poor	
Slight <6%		Lightly wooded		Adequate	
Severe > 30%		Heavily wooded		Good	

**Note:** If slope is severe, to topo survey with half foot contours must be provided with this form on the design. If site drainage is poor or slope is flat then a detailed drainage plan must be provided on the design if a subsurface system is proposed.

**FLOOD HAZARD**

**Property is located:** *(if property is in the flood plain boundary must be shown on the site plan drawing)*

Outside 100 year flood plain	
In 100 year flood plain	
In 500 year flood plain and/or floodway	

**WATER SUPPLY**

**Community:** \_\_\_\_\_ Name of water supplier: \_\_\_\_\_

**Private Well:** \_\_\_\_\_ (if well is on-site complete the following:)

Driller Name: \_\_\_\_\_

*Private water lines, private wells, and neighboring wells within 100 foot from the property line, must be shown on the site plan drawing.*

Year drilled		Pressure cemented?	
Depth (feet)		Sealing block present?	
Size		Well house protecting well?	
Distance from disposal area		Neighboring well within 100' of property line?	

I certify under penalty of law that the results of this report are based on my site observation and are, to the best of my knowledge and ability, accurate.

Site Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ License Number: \_\_\_\_\_