How to obtain an On Site Sewage Facility (OSSF) Permit in Mason County

*Remove and Retain this page prior to returning the application to the Mason County Designated Representative *

A permit is required for ALL new installations and major repairs of existing OSSF.

- Single Family Residential Fee: <u>\$210.00</u>
- All other type systems: <u>\$410.00</u> (Commercial, multi-family dwellings, etc.)
- Re-inspection Fee: ¹/₂ of Permit Fee

Make all checks payable to Mason County.

ALL FEES ARE NON-REFUNDABLE AND SHALL BE PAID BY PERSONAL CHECK, CASHIERS CHECK, OR MONEY ORDER. NO CASH WILL BE ACCEPTED.

If you have any questions about the permit process, site location, major repairs or installation problems, please contact the Mason County Designated Representative. A few questions before or during the installation of the OSSF can save a lot of headaches.

- 1. Obtain OSSF Application Forms from the Mason County Designated Representative (DR).
- 2. Have the appropriate Individual, (usually the Installer), complete all applicable forms.
- 3. Submit all completed forms along with the appropriate fee to the Mason County DR.
- 4. The OSSF application and floor/construction plans will be reviewed by the Mason County DR. The floor plan needs to show: (1) the number of bedrooms, (2) the number of restrooms, (3) the square footage, and (4) if there will be a water softener system installed.
- 5. Upon approval of the application and plans, an Authorization to Construct will be issued. The Authorization to Construct is valid for one year from the date of issue.
- 6. Begin construction. An inspection of the installation is required <u>BEFORE</u> covering of the system. Contact the Mason County DR at least 5 working days in advance, to arrange an inspection.
- 7. After a successful inspection, a Notice of Approval will be issued to the owner within approximately 5 working days.

NOTE: A re-inspection fee equal to ½ of the permit amount, must be paid by the Installer, or the homeowner if the homeowner installs the OSSF themselves, for each time the system must be re-inspected. Also, all fees must be paid before a Notice of Approval will be issued.

	1				
County Use Only					NOTES:
Application No.		TY AUTHORIZE			
Date		PLICATION FOR O		GE	
	r	ACILII Y CONSTRU	JUIION		
Amount		COUNTY OF INSTAI	LATION		
Proparty Owner's No.	mo.				
Property Owner's Nat	(last)	(first)			(middle)
Current Mailing Addre	288:				
Daytime Telephone N	umber:				
911 Site Address:					
Legal Description: Se	c: Bloc	ck: Lo	vt:	_ Plat Date:	
Subdivision:					
Other Than Subdivisio	n: Acreage:	Survey Nam	e:		
		Abstract Na	ne/Number		
Physical Location/Dire	ections to Site:				
Source of Water:	Private Well	Public Water S	upply		
Single Family Residen	ce: No. of Bedrooms		Living Area (ft ²)		(name of supplier)
Commercial/Institution	aal (including multi for	nily residences) TVDF	•		
Commercial/mstrution	nar (including multi-fair	ing residences) 111E	•		
No. of Employees/Occ	cupants/Units:	Da	ys Occupied Pe	er Week:	
Site Evaluator:		Li	cense No		
Phone Number:					
Designer:			cense No. (PE o	or RS)	
Phone Number:					
Installer:			cense No		
Phone Number:					

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the designated representative(s) of the Mason County Authorized Agent and local OSSF Program to enter upon the above-described property for the purpose of soil/site evaluation and investigation of the on-site sewage facility.

(Date)

MASON COUNTY ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

APPLICATION NO: _____

NSTRUCTION PRIOR TO APPLICATION APPROVAL. IN CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.
County:
Io If yes, professional design attached: 🛛 Yes 🗌 No
SLOPE OF SEWER PIPE TO TANK:
: Q= (gallons/day)
nk 🗌 Aerobic Unit
LIQUID DEPTH (BOTTOM OF TANK TO OUTLET):
SIZE PROPOSED:
MATERIAL/MODEL #:
(gallons)
AREA PROPOSED:
tt must be addressed under each of these categories.

Designer's Signature

License No.

Date

MASON COUNTY AUTHORIZED AGENT PROGRAM SITE EVALUATION AND PLANNING MATERIALS FOR AN ON-SITE SEWAGE FACILITY

The following information must be submitted with the OSSF application package for review by the Mason County Permitting Authority.

Failure to include or address all of the following items may result in approval delays.

Application No.

Applicant's 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. This report shall include a groundwater evaluation, a surface drainage analysis, and all applicable minimum separation requirements.

PLANNING MATERIALS: The proposed treatment and disposal system shall be prepared based on the site evaluation. The submittal requirements must include the following details.

A 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 sealed, dated, and signed.

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 #1							
Depth (Feet)	Soil Class 285.30(b)(l)(A)(i-v)	Gravel Analysis 285.30(b)(1)(B)	Restrictive Horizon 285.30(b)(l)(C)(i, ii)	Groundwater 285.30(b)(2)	Topography 285.30(b)(3)(A)	Flood Hazard 285.3O(b)(3)(B)	
0							
I ft							
2 ft							
3 ft							
4 ft							
5 ft							
6 ft							
7ft							

Soil Boring/Backhoe Pit Number #2							
Depth (Feet)	Soil Class 285.30(b)(l)(A)(i-v)	Gravel Analysis 285.30(b)(l)(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							
1ft.							
2ft							
3ft							
4ft							
5ft							
6ft							
7ft							

Schematic of Lot or Tract / Site Drawing

Scale: 1 inch = 50 feet/or appropriate



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.

Permit Fee:

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MASON COUNTY DEVELOPMENT PERMIT APPLICATION

Mason, Texas 76856

Name of Applicant:			
Current Mailing Address: _	(last)	(first)	(middle)
Daytime Telephone Number			
Location of Property:			
Name	& Number of Survey/Abs	tract	Acreage
GPS Coordinates:			_ Elevation:
Nature of Proposed Cons	truction (Check & C	omplete as Appropriate)	
	Non-Residential		er Placement of Fill
Alteration of a Natura			
	~	、 、	
Description of Proposed (Evicting Standards
New Construction House		stantial Improvements to bile Home	Non-Residential (specify)
Commercial			Non-Residential (specify)
	(Name and Type of Bu	isiness)	
Other			
	(Explanation)		
APPLICANT MUST SUPPLY ONE COPY THIS PERMIT IS VALID FOR ONE YEAR			RUCTION IF IN A FLOOD PLAIN. RK IS NOT COMPLETED AT THAT TIME.
WARNING: Please read and acknowle	edge. The flood hazard boum	darv mans and other data used by the	County Floodplain Administrator in evaluation flood
			e based on the best available scientific and engineering
			de or natural causes. Issuance of an exemption
certificate does not imply that developm	ent outside the identified are	as of a special flood hazard will be fre	e from flooding or flood damage. Issuance of an exemption
certificate shall not create liability on th	ie part of Mason County, the	county Floodplain Administrator or a	iny officer or employee of Mason County in the event
flooding or flood damage does occur.			
Signature of Applicant:			Date:
	FOR USE BY	FLOODPLAIN ADMINISTRAT	TOR
Is the property located in an ide	entified flood hazard are	ea? 🗌 Yes 🗌 No	
Is Additional Information Requ	uired? 🗌 Yes 🗌	No	
Are Other Federal, State, or Lo	ocal Permits Required?	Yes No	
Are Other County Regulations	Applicable? Yes		
Exemption Certificate	e Issued		
Permit Application A			
Permit Application Re	ejected		
Signature of Floodplain Adm	inistrator:		Date:

AFFIDAVIT

THE COUNTY OF MASON

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 Mason County, Texas.

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code, § 5.012 and §5.013, gives the TCEQ 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 TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owners to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ or the Permitting Authority of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ or the Permitting Authority 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 (insert legal description):

Lot, Block, Subdivision			, Unit #		
Acreage	, Survey Name		, Abstract	, Deed Volume	, Page
Tract	, Section	, GEO Number			
The property	y is owned by (insert ow	mer's full name):			

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to the Permitting Authority within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Permitting Authority.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, ____.

Owner Signature(s)

Owner Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS_____ DAY OF_____, ____.

Notary Public, State of Texas

Notary's Printed Name

My Commission Expires

Reminder:

- Complete all forms in this packet
- Submit with this packet a floor/construction plan. The plan <u>must</u> indicate:
 - (1) number of bedrooms,
 - (2) number of restrooms,
 - (3) square footage, and

(4) if there will be a water softener system installed.