



On Site Sewage Facilities Application Process

1. **Completed Application:** Submit an completed application with all required documents to healthinfo@sanmarcostx.gov (Required documents are listed on application)
2. **Submit Payment:** Once the application has been received and entered, you will receive notification to submit payment for the plan review and permit. You must submit payment to continue
3. **Plan Review - Site Suitability Inspection:** A designated representative will review your application and plans and notify you of any corrections to be made. A field inspection verifying the site suitability may be coordinated with you at the inspector's discretion.
4. **Issuance of ATC:** Once the plan review has been approved, you will be issued an ATC with an expiration date 1 year from date of issue.
5. **Comprehensive System Inspection:** Construction may begin at any point during the ATC time period, but you may not ground cover any part of the construction prior to scheduling and passing a system inspection with the City of San Marcos designated representative.
6. **Operational Inspection:** Upon passing the system inspection, the inspector will give written permission to cover the site. An operational inspection may be scheduled at the inspector's discretion an system type.
7. **Permit to Operate:** Upon passing required inspection(s), the inspector will issue the permit to operate



Neighborhood Enhancement - Environmental Health Division
630 E Hopkins Bldg 5 San Marcos, TX 78666
•SanMarcosTX.gov/Health•HealthInfo@sanmarcostx.gov• (512) 393-8444

ON-SITE SEWAGE FACILITY (OSSF) APPLICATION

Date: _____

1. Property Owner's Name

(Last) (First) (M.I.)

2. E-Mail Address

3. Telephone No.

4. Site Address

(Number) (Street/County Road) (City)

5. Legal Description

Lot _____ Block _____ Subdivision _____ Sec _____ Recorded Date _____

6. Land Area/Acreage

(Acreage) (Survey) (Vol/Pg/Date)

7. Builder/Agent Name

(Last) (First) (Telephone)

8. Installer's Name:

(Last)

(First)

(Telephone)

9. Installer License Number: _____

10. Source of Water: Private _____ or Public _____ Name: _____

11. Is property over the Edwards Aquifer Recharge Zone? Yes No _____

TYPE OF DEVELOPMENT

12. () Single family residential: House _____ or Mobile Home _____

Size of living area

_____ sq. ft. _____ # of Bedrooms _____ # of Baths _____

Low flow fixtures? Yes _____ No _____

13. () Institutional: Type _____

Days occupied per week _____ Estimated daily water usage _____ GPD

Size of building _____ sq. ft² _____ # of Employees _____

Of: Toilets Urinals Showers Lavatories _____

Of: Clothes Washers Dishwashers _____

REQUIRED ATTACHMENTS:

1. Supply with this application, one (1) copy of-construction floor plans.
2. Attach a copy of a survey of the building site or a plat of the site which accurately reflects property line descriptions and show thereon the location of all the proposed structures and other improvements, including well and septic system, streams, roads, easements, etc.
3. Site evaluation.
4. Septic system design. (determined by site evaluation)
5. System two-year maintenance contract. (determined by septic design)
6. Copy of affidavit filed with Hays County Clerks office. (determined by septic design)

This document represents an application for development only and does not authorize the start of any development or construction. This document must be accompanied by a Permit to Construct an On-Site Sewage Facility and/or Floodplain permit.