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## ON-SITE SEWAGE FACILITY (OSSF) LICENSE RENEWAL/TRANSFER OF LICENSE APPLICATION

**FEE DUE: \$60.00**

PLEASE **COMPLETE** THIS FORM & SUBMIT WITH THE REQUIRED FEE EITHER BY MAIL OR IN PERSON

PROPERTY OWNER: \_\_\_\_\_ PERMIT #: \_\_\_\_\_ - \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: TX ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(If Different from Property Address)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**A Transfer of License is required when a property with an OSSF requiring routine maintenance such as an Aerobic Treatment Unit (ATU) changes ownership. OSSF permits for properties with an ATU must be in current property owner's name.**

PREVIOUS OWNER NAME(S): \_\_\_\_\_

**(Only If Transfer of License)**

**A Renewal Application for Permit/License to Operate ATU's must be filed every two years after the initial installation of the OSSF. A Renewal Application must be filed if there is a lapse in maintenance contract.**

**I am aware that in compliance with state and local regulations, the owner is responsible for maintaining a maintenance contract.**

**I certify that I have read and understand the above information.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Checks should be made payable to: Williamson County OSSF. Card payments (with processing fee) can be made over the phone by contacting Kara Wardwell at 512.943.3637, or at our office.**

----- OFFICE USE ONLY -----

DATE RCVD \_\_\_\_\_ RECEIPT # \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ CARD \_\_\_\_\_