

KENDALL COUNTY
SEPTIC REGISTRATION APPLICATION
(Permit effective for 1 year from the Authorization to Construct)

S _____
Septic Registration # _____
Q&A _____ List _____
Precinct# _____

Development Management
201 E. San Antonio Ave, Suite 101 / Boerne, Texas 78006
(830) 331-8251 or (830) 331-8253
(830) 249-6206 fax

I hereby make application to construct and operate a private sewage facility in Kendall County, Texas as required by the Texas Commission on Environmental Quality (TCEQ) and Kendall County OSSF Construction Standards.

If the installer does not request a construction inspection by the permitting authority within one year of the issuance of the authorization to construct, the authorization to construct expires, and the owner will be required to submit a new application and application fee before an OSSF can be installed.

Authorization is hereby given to Kendall County, TCEQ, or their agents or designees, singly or jointly, to enter upon the property on which the proposed private sewage facility that I am applying for in this application is located, for the purpose of inspections of the private sewage facility, or any health problems caused by the private sewage facility herein for which application has been applied. I understand the Kendall County permitting authority shall either approve or deny an application within 30 days of receiving an application.

I understand that the county of Kendall, TCEQ, or their agents of Designees, make no representation that facilities herein applied for will provide satisfactory service to the premises served. It will be my responsibility to make any changes or modifications which operating experience may show to be necessary in order to provide satisfactory service.

REASON FOR APPLICATION: New _____ Repair _____ Modified _____ Replacing Failed OSSF _____

SEPTIC SYSTEM TYPE: Conventional _____ LPD _____ Evapotranspiration (ET) Drainfield _____ Aerobic _____

*****Design required by Registered Sanitarian or Licensed Engineer as applicable in State & County rules on all septic types. Maintenance contract & recorded affidavit required for Aerobics*****

INSTALLER _____ **AEROBIC SYSTEM**
OSSF LICENSE # _____ **MAINTENANCE PROVIDER** _____

Name of Owner _____
Owner _____
Mailing Address: _____ City/State/Zip _____
Owner _____ Owner _____ Owner _____
Phone # _____ Cell# _____ Fax# _____
e-mail address (owner/agent) : _____

Name of *Agent: _____ Phone: _____ Cell: _____
(*agent designation form required)

LOCATION OF PROPERTY: Gate Combination: _____

911 Address: _____ City/Zip _____

Name of Subdivision _____ Unit _____ Blk _____ Lot _____ Acreage _____

Signature _____
owner / agent (agent designation form required) _____ Date _____