

OSSF APPLICATION CHECKLIST

(All items below must be included with each application.)

- _____ 1. All appropriate spaces of application must be completed.
- _____ 2. Copy of current property tax receipt. *NOTE: The purpose of requiring the tax receipt is to show proof of ownership and legal property description. There must be no doubt as to who the property owner is on the application. If it is a recent purchase and the tax receipt is still in the previous owner's name, a copy of the deed of contract must indicate sale of property with both the seller and buyer's signatures on it.*
- _____ 3. Copy of deed of contract with original signatures of both buyer and seller (if recent purchase and tax receipt is not yet in new owner's name).
- _____ 4. 911 emergency service address must be on application. This may be obtained from the Rural Addressing office located in the County Courthouse in Johnson City (830)-868-2008. The blue number plate must be posted at the property entrance. *NOTE: The County Inspector **WILL NOT** enter the property if the 911 address plate is not visible from the road.*
- _____ 5. Professional design if required.
- _____ 6. Affidavit to the Public must be filed with the Blanco County Clerk if the system you are installing requires surface application. Detach and take to the Blanco County Courthouse in Johnson City, TX, and file with the County Clerk's office. Once it is filed, attach a copy of the affidavit to the application. **Filing fee: \$21.00**
- _____ 7. Copy of the maintenance contract with installer for aerobic treatment systems.
- _____ 8. Site evaluation and construction plan must be complete and attached with all required setbacks, dimensions and specifications.
- _____ 9. **All subdivisions platted after 1998 require 50-foot setbacks of the drain field from the property line.**
- _____ 10. Required fee(s). See attached fee schedule. *NOTE: All fees are non-refundable.*
- _____ 11. Copy of Power of Attorney (or letter designation) if someone other than property owner is submitting application. *Application must be in the name of the property owner regardless of who is submitting the application.*
- _____ 12. Blanco County requires minimum of 1000-gallon tank.
- _____ 13. Any land platted after 1998 requires a minimum of five (5) acres for septic system and well.

PERMITS ARE VALID FOR ONE (1) YEAR ONLY
ALL FEES ARE NON-REFUNDABLE

Precinct_____

Permit_____

Blanco County
OSSF Inspector
P.O. Box 471
Johnson City, Tx 78636
830-868-2117
Inspector@co.blanco.tx.us

ON-SITE SEWAGE FACILITY APPLICATION

I hereby request an application for a permit to construct and upon satisfactory completion, a license to operate a private on-site sewage facility in Blanco County.

Owner's Name:_____ **Phone:**_____

Mailing Address:_____ **Email:**_____

Gate Code:_____

9-1-1 Site Address of the OSSF System:_____

Additional Comments:_____

Please attach a copy of current property tax receipt

Installer:_____ **License Number :**_____

Email:_____ **Phone Number :**_____

Proposed Use of Property and/or Sewage Facility:

Circle: Single Family Dwelling/Commercial/Other :_____ (type)

_____**# of Bedrooms** **Type of water:** ____Private ____Public

_____**Total SF of Living Space** **Estimated Water Use per Day:**____ Gallons

____**Separate Laundry/Bath** **Number of Generating Units:**_____

____**Flood Plain Verification Req'd.** **Acreage:**_____

APPLICANT STATEMENT

I certify that information submitted in this application and any attached technical data does not contain any false information and does not conceal any material facts. Authorization is hereby given to Blanco County and its authorized agents/representatives to enter upon described property for the purpose of an on-site evaluation and inspection of all sewage facilities past and/or present. I have read the TCEQ rule for self-installs and will not hold Blanco County liable for my self-install.

****Please be aware that all information (except email addresses and gate codes) submitted on this form is subject to public disclosure under the Texas Public Information Act.***

Signature of Owner/Designated Agent_____

Date_____

Blanco County Fee Schedule

Effective October, 2025

ALL FEES ARE NON-REFUNDABLE

Applications and Permits to Construct On-Site Sewage Facility (OSSF) for:

SINGLE FAMILY RESIDENCE (SFR)	\$300
SFR system requiring a licensed professional design	\$375
Mobile Home or RV Park (Per generating unit with \$500 min.)	\$60
Commercial/Recreational (other than RV Park)	\$450
SFR Repair or Expansion (drain field only OR tank only)	\$150
Commercial/Recreational and Mobile Home/RV Park Repair or Expansion (drain field OR tank only)	\$225

OTHER FEES:

Filing Fees must be paid prior to the issuing of a License to Operate.

Filing Fee for SFR	\$40
Filing Fee for SFR requiring a Licensed professional design	\$60
Commercial Design of any sort will be determined based on the size of the design.	\$20 first page, \$4 each additional

Make check for filing fees to Blanco County Clerk

Site Review – Re-plat of OSSF purposes	\$50
OSSF Variance	\$50
OSSF Reinspection	\$150

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF BLANCO, 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 Blanco 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 (TWC), 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 of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ 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):

The property is owned by (insert owner's full name):

The OSSF shall 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 thirty (30) days or maintain the system personally.

The owner will, upon 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 Blanco County OSSF Inspector.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 20____.

Owner Signature

Owner Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____,
20____.

Notary Public, State of Texas
Commission Expires: _____

SCHEMATIC OF LOT OR TRACT

Show: Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other structures where known.

Location of natural, constructed, or proposed drainage ways. Lot size: _____ acres

FEATURES OF SITE AREA

Presence of 100-year flood zone _____ Yes _____ No

Presence of adjacent ponds, streams, water impoundments _____ Yes _____ No

Site Drawing

Show Actual Footages, Attach additional pages if necessary



Name of Site Evaluator: _____ Signature: _____

DESIGN REPORT FOR ON-SITE SEWAGE FACILITY

OWNER/LOCATION: _____

SITE DESCRIPTION AND EVALUATION: _____

WASTEWATER DESIGN FLOW: This system is for a _____,
with the projected wastewater flow of _____ gpd per TCEQ.

DESIGN SPECIFICATIONS AND APPLICATION:

Soil Class	=	_____
Daily water usage	=	_____
Long term application rate	=	_____
Area required	=	_____
Total required length of standard lateral lines	=	_____
Leaching chamber total length of lines	=	_____

TANK CAPACITY: _____

OSSF SOIL EVALUATION

Date Performed: _____

Property Location: _____

Proposed Excavation Depth: _____

Name of Site Evaluator: _____

Registration #: _____

Requirements: At least two soil excavations must be performed on the site at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing. For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated. Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring Number _____					
Depth (feet)	Textural Class	Structure (if applicable)	Drainage (Mottles/Water Tables)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

Soil Boring Number _____					
Depth (feet)	Textural Class	Structure (if applicable)	Drainage (Mottles/Water Tables)	Restrictive Horizon	Observations
0					
1					
2					
3					
4					
5					

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability and knowledge.

Signature of Site Evaluator

Date