

**Kerr County  
Environmental Health Department  
Courthouse, 700 Main, Suite BA-106  
Kerrville, Texas 78028  
E-mail: envhealth@co.kerr.tx.us**

*Operating hours 8:00 a.m. to 5:00 p.m. Closed for lunch 12:00-1:00 p.m.*

**FEES: \$50**      **PERMIT # \_\_\_\_\_**  
*Please allow 30 days for processing*

<b>Permit #</b>	
Date	
Amount \$	
<i>Office</i> Check #	
<i>Use</i> Cash	Yes
<i>Only</i> Paid by	
Aerobic Contract	Yes
Expires	
Received by:	
Receipt #	

**Application for Kerr County Transfer Registration Document of On-Site Sewage Facility Permit to Operate**

Kerr County On-Site Sewage Facilities Regulations do not require that the sewage facilities to be inspected at the time a property's ownership is sold or otherwise transferred. Registration with KCEHD is strictly voluntary and is only intended for the purpose of reflecting the new ownership of the subject property and incumbent permitted OSSF. Furthermore, the Registration shall not be interpreted or construed as a representation to the OSSF's current condition or ability to function. It is strongly recommended that on-site sewage facilities be inspected by a Licensed OSSF Professional prior to the sale or transfer of property.

**INSTRUCTIONS:** Please fill out application completely & accurately. Owner's or Entity's name should be listed as it appears on property records. Additional fees may be assessed if information is inaccurate causing revision of a completed document.

**Seller/Buyer Information**

Seller(s): \_\_\_\_\_ Buyer(s): \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Mail License Registration to (Address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Realtor for Seller: \_\_\_\_\_ Realtor for Buyer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title Company: \_\_\_\_\_ Escrow Officer or GF#: \_\_\_\_\_ Date of Closing: \_\_\_\_\_

**Property Information**

**Note: Legal description can be found on your 1) Kerr Central Appraisal District Tax Receipt or 2) Property records received at time of purchase and recorded in the Kerr County Courthouse (County Clerk's Department).**

1) Physical address ( or road name): \_\_\_\_\_ City: \_\_\_\_\_  
2) Kerr Central Appraisal District Identification Number(s): **R** \_\_\_\_\_ KCAD: (830)895-5223; or :txcountydate.com  
3) Subdivision: \_\_\_\_\_ Section:# \_\_\_\_\_ Block # \_\_\_\_\_ Lot# \_\_\_\_\_ Acres: \_\_\_\_\_  
4) *If property is not in a Subdivision:* Survey Name & No. \_\_\_\_\_ Abstract No. \_\_\_\_\_  
5) Plat or Metes & Bounds Attached:  Yes  No      6) Site within City Limits of Kerrville  Yes  No

**Structure Information**

Residence:  House  Mobile or Manufactured Home #of Bedrooms \_\_\_\_\_ Sq.Ft. Living Area:  <1500  <2500  <3500  <4500  
Non-residence structure -Describe: \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Institutional/Commercial-Describe: \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Water Supply:  Community or Public Supply  Well # \_\_\_\_\_  Not Licensed

All the information provided on this application is true and correct with no omission or concealment of material fact to the best of my knowledge. I understand that fees are not refundable.

**Signature of Owner/Agent:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_