



KB SEPTIC SYSTEMS

P. O. BOX 600
ANDERSON TEXAS 77830
(936) 825-6223

KBSEPTICSYSTEMS@NETZERO.NET

Office Use.

Date Received _____

Received By: _____

County: **WASHINGTON**

Permit # _____

Type: **RES. AERO.**

I have been advised and understand that the system to be installed is not warrantied against water surfacing.

KB Septic Systems will not be held liable for water standing or wetness, as we have no control over the weather or water usage.

KB Septic Systems is NOT responsible for the following:

- Dirt Settling around tanks or trenches. You can fill it in with sand purchased at any home improvement store.
- Damage to buried underground utilities or sprinkler lines. Please have them clearly marked, & call 811 to locate and mark other lines.

This will be the owners responsibility.

- We do not connect under cabins that are close to the ground. Customer/ Owner is responsible for making sure there is a sewer line easily accessible on the outside of the cabin for septic connection. We reserve the right to refuse to connect under cabins/Mobiles homes etc if the pipes are broken, there is waste from use or access to under the building is limited. We will install a clean out for your plumber to connect to if the above happens

KB Septic Systems will apply additional charges for the following:

- If there is a deep set and extra risers are needed, there will be a charge per riser.
- If we run into rock while digging and CANNOT break it up easily with the backhoe.
- If the customer uses the drains before the septic is connected and we have to work in unsanitary conditions.
- If we have to mount the control box near the tanks and it requires a panel for mounting there will be an additional charge for the panel.

Customer Name: _____

Address at site: _____, Texas _____

Mailing Address: _____

Phone number: _____

Signature: _____ Date: _____



WASHINGTON COUNTY
ENGINEERING AND DEVELOPMENT SERVICES
Environmental Health Division
3650 Hwy 36 N, Brenham, Texas 77833

Office Use Only

Permit #OSSF _____

Fee Paid \$ _____

Date _____

Receipt # _____

ON-SITE SEWAGE FACILITY PERMIT APPLICATION
Single-Family Residential or Auxiliary Structure

Property Owner's Name _____

Installation Address _____

Mailing Address _____

Phone _____ (Can we text this number?) ☐ Yes ☐ No

Email _____

Property Information

Acreage _____ ☐ Private Water Well ☐ Public Water Supply (Name) _____

List other structures on this property that use a septic system _____

The structure to be served is ☐ New ☐ Existing

The structure to be served is a

☐ House/Modular Home ☐ Manufactured/Mobile Home

☐ Tiny Home/Park Model RV ☐ Recreational Vehicle (RV)

☐ Other (Describe) _____

No. of Bedrooms _____ Living Area (Sq. Ft.) _____



**WASHINGTON COUNTY
ENGINEERING AND DEVELOPMENT SERVICES
Environmental Health Division
3650 Hwy 36 N, Brenham, Texas 77833**

Office Use Only

Permit #OSSF _____

**ON-SITE SEWAGE FACILITY PERMIT APPLICATION
Single-Family Residential or Auxiliary Structure**

To avoid delay, please include as much of the following information as you can:

Washington County Appraisal District property ID number _____

A copy of your filed deed (If Appraisal District property ID number is not in your name)

Licensed Installer's name and phone number (if one has been selected) K. ANDREW BUTTS OS0029543

Licensed Installer's email (if one has been selected) KBSEPTICSYSTEMS@NETZERO.NET

Type of System to be installed (if system type has been selected) _____

Is any portion of the property in the Floodplain? ☐ Yes ☐ No ☐ Unsure

Information for the owner of an On-Site Sewage Facility (OSSF or septic system)

- All septic systems require a permit, regardless of acreage.
- The amount of maintenance required and the long-term cost can vary a lot depending on the type of system.
- Decisions regarding system type must take the owner's wishes into consideration.
- Washington County does NOT require any certain type of septic system; you have options, and may choose to install any type of system that meets code.
- We are here to assist you in making an informed decision when choosing the type of system to install.
- If you have any questions or concerns, contact our office at 979-277-6290.

I acknowledge receipt of the information for the owner of an On-Site Sewage Facility and I certify that the information given by me with this application is true and accurate to the best of my knowledge. I authorize Washington County Environmental Health employees, their agents and designees, to enter upon the subject property for purposes associated with this application, which may include site evaluation, inspection, traditional photos, and photos taken by drone.

(Signature of Owner)

(Date)

AFFIDAVIT TO THE PUBLIC

COUNTY OF WASHINGTON
STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared _____ who, after being by me duly sworn, upon oath states that he/she is the owner of record of that certain tract or parcel of land lying and being situated in Washington County, Texas, and being more particularly described as follows:

Property Address: _____

Legal Description: _____ Tract/Lot: _____

Acreage: _____ Volume: _____ Page: _____ Property ID Number: _____

According to Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities (OSSF's), this document is filed in the Deed Records of Washington County, Texas.

The Texas Health and Safety Code (THSC), Chapter 366, authorizes the TCEQ to regulate OSSF's. 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 THSC, requires owner's to provide notice to the public that certain types of OSSF's 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 or the local permitting authority of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ or the local permitting authority that the appropriate OSSF was installed.

An AEROBIC OSSF requiring a maintenance contract, according to 30 Texas Administrative Code (TAC) § 285.91(12) will be/is installed on the above-described property.

Any future buyer or owner is hereby notified that this OSSF requires continuous ongoing maintenance.

All maintenance contracts must be with an approved maintenance provider, and a signed maintenance contract must be submitted to the **Washington County Environmental Department** within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit to operate this **AEROBIC OSSF** to the buyer or new owner.

WITNESS MY HAND on this _____ day of _____, _____

Affiant's Signature

Affiant's Printed or Typed Name

SWORN AND SUBSCRIBED BEFORE ME on this _____ day of _____, _____

Notary Public, State of Texas

My Commission Expires: _____

AB Septic Maintenance & Repairs, LLC

P. O. Box 685 | 6440 County Road 185 Anderson Texas 77830

979-324-2428

Timothy Adam Butts | MP # 002422

SCHEDULED SERVICE AGREEMENT

A representative (Trained Service Technician) of AB Septic Maintenance & Repairs will perform routine service every four months. This agreement will be in effect for 2 years from the date of installation of the system.

Date of Installation: _____ End of Contract: _____ (Residential System)

AB Septic Maintenance & Repairs agrees to perform the following services during the term of this agreement:

1. Removal and field service of aerator motor.
2. Inspection and adjustment of control panel setting and overload protection (if control panel is accessible).
3. Chlorine residual checked and reported to local authorities. (Customer is responsible for adding chlorine.)
4. Inspect sprinkler system.

*Parts needed to maintain system will be billed separately to homeowner.

*Your property must be clearly marked with the address. Acceptable locations are on the home/building, the mailbox or the curb.

Reports will be sent to local authorities or to TCEQ if the county does not have a local authority. The homeowner will also receive a copy of the report.

*This agreement does not include any emergency calls or service calls or repairs during the policy year; service is normally given within 2 business days. If the service calls or billed items are not paid within 30 days, your agreement will be void and you will forfeit any previously paid inspections per this contract until payment has been made. If we are unable to access your property, there will be a fee of \$125/\$150 to return for inspection.

*AB Septic Maintenance & Repair, LLC may add ant poison at or around the system unless otherwise indicated on this form.

I accept the terms and conditions of this policy and the service it provides.

NAME _____ SIGNATURE _____

MAILING ADDRESS _____

SEPTIC SYSTEM LOCATION ADDRESS _____

COUNTY **WASHINGTON** CELL PHONE # _____

SECONDARY CONTACT # _____ GATE CODE (IF APPLICABLE) _____

NOTES (DOGS OR OTHER INFORMATION THAT MAY BE HELPFUL) _____

_____ E-MAIL ADDRESS _____

OFFICE USE

ROUTE: _____

PERMIT #: _____


Timothy Adam Butts | MP #002422

CHECK LIST FOR SEPTIC PERMITS

Please email completed application packet to: wcrboffice@washingtoncountytexas.gov

See [Fee Schedule](#) for payment amount, all fees are non-refundable

To pay online: Go to [Certified Payments](#) (enter Bureau Code 9235584 and Account Number 1 if needed).

To pay by phone: Call Certified Payments toll-free at 1-866-549-1010 (enter Bureau Code 9235584 and Account Number 1 when prompted).

For assistance with online and phone payments, call Certified Payments at 1-866-539-2020.

____ Permit application

1. Single Family Residential is one residence and/or one auxiliary structure on one system [Single Family Residential Permit Application](#)
2. Multi-Unit Residential or Non-Residential is two or more residences on one system or any non-residential or commercial structure [Multi-Unit Residential or Non-Residential Permit Application](#)

____ Legal Description

1. Copy of filed Deed or
2. Property Details Document from [Washington County Appraisal District](#)

____ **Joined Properties Affidavit** (If house/structure and septic are on 2 tracts of land. If more than 2 tracts contact our office for the proper affidavit) [Joined Prop Aff - 2](#)

1. Signed by Owner, Notarized
2. Filed at the [Washington County Clerk's Office](#)

____ **Water Well Report** (If well is less than 100' from drainfield) [2003-Present](#) or [2002 & Prior](#)

____ **Soil Evaluation** [Soil Evaluation](#)

____ **Site Plan/Drawing** [Site Plan with Grid](#)

____ **Calculations Page** (by RS or PE if an Aerobic or LPD is installed)

____ **Aerobic Information Sheet** (Signed by Owner, for Aerobic systems only) [ATU Owner Info](#)

____ **Affidavit to the Public** for Aerobic systems only [Aerobic Affidavit](#)

1. Signed by Owner, Notarized
2. Filed at the [Washington County Clerk's Office](#)

____ **2 Year Maintenance Contract** (for Aerobic systems only)

1. Signed by Owner and Maintenance Provider

____ **Maintenance Company Registration** must be on file (for Aerobic systems only)