



## KB SEPTIC SYSTEMS

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

KBSEPTICSYSTEMS@NETZERO.NET

### Office Use.

Date Received \_\_\_\_\_

Received By: \_\_\_\_\_

County: **ROBERTSON**

Permit # \_\_\_\_\_

Type: **COMM. 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: \_\_\_\_\_





Texas Commission on Environmental Quality  
APPLICATION FOR ON-SITE SEWAGE FACILITY  
NEW CONSTRUCTION  
TCEQ REGION #9  
ROBERTSON COUNTY TEXAS

OFFICE USE ONLY
APPLICATION NO. _____
DATE RECEIVED _____
AMOUNT _____

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)
2. CURRENT MAILING ADDRESS: \_\_\_\_\_
3. HOME PHONE NO.: ( ) \_\_\_\_\_ OTHER or FAX NO.: ( ) \_\_\_\_\_
4. 911 SITE ADDRESS: \_\_\_\_\_
5. PROPERTY LEGAL DESCRIPTION: \_\_\_\_\_  
Acreage: \_\_\_\_\_ Plat Date: \_\_\_\_\_ Subdivision name (if applicable): \_\_\_\_\_  
*PLEASE ATTACH VERIFICATION OF LEGAL DESCRIPTION SUCH AS A COPY OF: DEED, PLAT MAP, SURVEY, OR OTHER DOCUMENTATION CONTAINING LEGAL DESCRIPTION*
6. DIRECTIONS TO SITE: \_\_\_\_\_
7. SOURCE OF WATER: ☐ Private Well ☐ Public Water Supply \_\_\_\_\_  
(Name of Supplier)
8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: \_\_\_\_\_ Living Area (ft²): \_\_\_\_\_
9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: \_\_\_\_\_  
BUSINESS / INSTITUTION NAME: \_\_\_\_\_  
RESPONSIBLE OFFICIAL: \_\_\_\_\_ NO. OF EMPLOYEES/UNITS: \_\_\_\_\_
10. SITE EVALUATOR: \_\_\_\_\_ LICENSE NO. \_\_\_\_\_  
PHONE NO.: ( ) \_\_\_\_\_ OTHER or FAX NO.: ( ) \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
11. INSTALLER: K. ANDREW BUTTS LICENSE NO.: 0029543  
PHONE NO.: (936) 825.6223 OTHER or FAX NO.: (936) 825.4978- CELL  
MAILING ADDRESS: P.O. BOX 600 CITY: ANDERSON STATE: TX ZIP: 77830

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Texas Commission on Environmental Quality to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.



**ROBERTSON COUNTY**  
**ON-SITE SEWAGE FACILITY**  
**TECHNICAL INFORMATION FOR PERMIT**

**PROFESSIONAL DESIGN REQUIRED?:** ☐ Yes ☐ No If yes, professional design attached: ☐ Yes ☐ No

Designer Name: \_\_\_\_\_ License Type and No. \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Other or Fax No. (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I. TYPE AND SIZE OF PIPING FROM: (EXAMPLE: 4" SCH 40 PVC)**

Stub out to treatment tank: \_\_\_\_\_

Treatment tank to disposal system: \_\_\_\_\_

**II. DAILY WASTEWATER USAGE RATE: Q= \_\_\_\_\_ (gallons/day)**

Water Saving Devices: ☐ Yes ☐ No

**III. TREATMENT UNIT(S):** ☐ Septic Tank ☐ Aerobic Unit

A. • Tank Dimensions: \_\_\_\_\_ • Liquid Depth (bottom of tank to outlet): \_\_\_\_\_

• Size Proposed: \_\_\_\_\_ (gal) • Manufacturer: \_\_\_\_\_

• Material/Model #: \_\_\_\_\_

• Pretreatment Tank: ☐ Yes ☐ No SIZE: \_\_\_\_\_ (gal) ☐ No ☐ NA

• Pump/Lift Tank: ☐ Yes ☐ No SIZE: \_\_\_\_\_ (gal) ☐ No ☐ NA

B. OTHER ☐ Yes ☐ No If yes, please attach description.

**IV. DISPOSAL SYSTEM:**

Disposal Type: \_\_\_\_\_

Manufacturer and Model: \_\_\_\_\_

Area Proposed: \_\_\_\_\_ square feet

**V. ADDITIONAL INFORMATION:**

**NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.**

A. Soil/Site evaluation B. Planning materials (If Applicable)

**DO NOT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES.**

**SIGNATURE OF INSTALLER OR DESIGNER: \_\_\_\_\_ DATE: \_\_\_\_\_**

This application may be executed in separate and multiple counterparts, which together shall constitute a single instrument. Any executed signature on this agreement may be transmitted by digital or electronic transmission, including but not limited to facsimile transmission and electronic mail. Any signature affixed to this application shall constitute an original signature for all purposes.

**ROBERTSON COUNTY TEXAS  
OSSF SOIL EVALUATION**

Date Performed: \_\_\_\_\_

Property Location: \_\_\_\_\_

Proposed Excavation Depth: \_\_\_\_\_

Name of Site Evaluator: \_\_\_\_\_

License Number: \_\_\_\_\_

**Requirements:**

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil borings 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 (Inches)	Textural Class	Structure (If applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0"					
12"					
24"					
36"					
48"					
60"					

Soil Boring Number: _____					
Depth (Inches)	Textural Class	Structure (If applicable)	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0"					
12"					
24"					
36"					
48"					
60"					

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

Site Evaluator:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

License No.: \_\_\_\_\_



## AFFIDAVIT TO THE PUBLIC

THE COUNTY OF ROBERTSON  
STATE OF TEXAS

### CERTIFICATION OF ON-SITE SEWAGE FACILITY (OSSF) MAINTENANCE

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of ROBERTSON County, Texas.

The Texas Health and Safety Code, Chapter 336, authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (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 power 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 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 of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ that the appropriate OSSF was installed.

An OSSF requiring a maintenance contract, according to Title 30, Texas Administrative Code 285.91(12) will be installed on the property described as:

Address at Site: \_\_\_\_\_

Legal Description: \_\_\_\_\_

The property is owned by: \_\_\_\_\_

(Please Print)

This OSSF must be covered by a continuous maintenance contract. The undersigned further understands that the owner of the surface application system shall continuously maintain a signed written contract, for service and repairs, with a valid maintenance company. An approved maintenance company must perform all maintenance on the OSSF, and a signed maintenance contract must be submitted to the ROBERTSON COUNTY AUTHORIZED AGENT within thirty (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 for the OSSF to the buyer or new owner. A copy of the planning material can be obtained from the Robertson County Health Department.

WITNESS BY HAND(S) ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

Signature of Owners \_\_\_\_\_

SWORN TO AND SUBSCRIBED TO ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

BY: \_\_\_\_\_

(Printed Name of Homeowners)

\_\_\_\_\_  
Notary Public, State of Texas

Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



PROPERTY OWNER: \_\_\_\_\_ PROPERTY ADDRESS: \_\_\_\_\_

# ROBERTSON COUNTY SEPTIC PAPERWORK CHECK LIST

**ALL PAPERWORK MUST BE SIGNED BY THE LEGAL PROPERTY OWNER.**

- ☐ WAIVER.
- ☐ ROBERTSON COUNTY APPLICATION PAGE
- ☐ 2- YEAR MAINTENANCE CONTRACT
- ☐ ROBERTSON COUNTY AFFIDAVIT TO THE PUBLIC ( THIS PAGE MUST BE NOTARIZED )
- ☐ SOIL EVALUATION ( WE WILL PROVIDE THIS)
- ☐ DESIGN & SITE PLAN ( WE WILL PROVIDE THIS)
- ☐ DEED TO PROPERTY IF YOU HAVE RECENTLY PURCHASED THE PROPERTY.

## **NOTES:**

I WILL NEED THE ORIGINALS MAILED TO ME @ P.O. BOX 600 ANDERSON TX 77830 FOR ALL AEROBIC PAPERWORK.

NOTARIZED AFFIDAVIT (AEROBIC SYSTEMS ONLY) - I AM A NOTARY IF YOU NEED ONE.

SOIL EVALUATION - WE WILL PROVIDE THIS. IF YOU HAVE ALREADY HAD THIS DONE PLEASE INCLUDE THIS WITH THIS PAPERWORK

DESIGN - WE WILL PROVIDE THIS. IF YOU HAVE ALREADY HAD THIS DONE PLEASE INCLUDE THIS WITH THIS PAPERWORK

SITE PLAN - WE WILL PROVIDE THIS. IF YOU HAVE ALREADY HAD THIS DONE PLEASE INCLUDE THIS WITH THIS PAPERWORK

PLEASE NOTE THAT THE PROPERTY OWNER WILL HAVE TO BE THE ONE TO FILL OUT & SIGN THE PAPERWORK. THE COUNTY REQUIRES THAT ONLY PROPERTY OWNERS CAN SIGN. IF YOU HAVE POA PLEASE INCLUDE THAT INFORMATION WITH PAPERWORK.

THANK YOU,  
CHLOE BUTTS