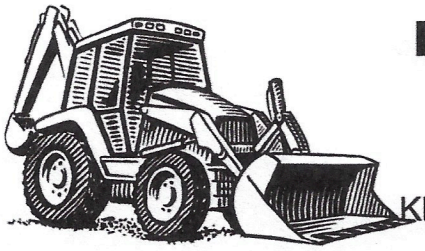

KB SEPTIC SYSTEMS

P. O. BOX 600
ANDERSON TEXAS 77830
(936) 825-6223
KBSEPTICSYSTEMS@NETZERO.NET

Office Use.

Date Received _____

Received By: _____

County: LEON

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 USE ONLY
APPLICATION NO.
DATE RECEIVED
AMOUNT

_____
TCEQ REGION NUMBER

LEON COUNTY
COUNTY OF INSTALLATION

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-OFFICE 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.

Texas Commission on Environmental Quality

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 SIZE :_____(gal) ☐ No ☐ NA

• Pump/Lift Tank : ☐ Yes 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:_____

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512/239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

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.

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF LEON
STATE OF TEXAS

Before me, the undersigned authority, on this day personally appeared _____
(name of homeowner (s) 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 long and being situated in LEON County, Texas and being more particularly described as follows:

INSERT legal description of property:

The undersigned further states that he/she will, upon sale or transfer of the above described property, request a transfer of the OSSF permit to operate such SURFACE IRRIGATION SYSTEM to buyer or transferee. Any buyer or transferee is hereby notified that they must meet the requirements with Chapter 285.7 (c,d), and Chapter 285.33 (d,2) of the Texas Administrative Code, which are in effect at the time of purchase or transfer.

1.) The owner of each new SURFACE IRRIGATION SYSTEM shall maintain a signed written contract for the first two years with a valid maintenance provider. A copy of the inspection report shall be submitted to the permitting authority after each inspection.

2.) After the first two years, it is at the property owner's option to renew a maintenance agreement with a licensed maintenance provider. Property owner must follow guidelines of Title 30, chapter 285, section 285.7 on maintenance requirements.

3.) All commercial businesses are required to maintain a maintenance contract with a licensed maintenance provider at all times.

For more information concerning the rules or regulations on surface irrigation systems of on-site wastewater treatment systems, please contact the Division of Field Operation, Texas Commission on Environmental Quality, P.O. Box 13087, Austin Texas 78711-3087.

WITNESS MY/OUR HAND (s) on this _____ day of _____, _____

_____ _____
Notary Public, State of Texas Signature of Homeowner (s)

_____ _____
Notary's Printed Name Homeowner Printed Signature

(Seal)

_____
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: _____ COMMERCIAL

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 **LEON** CELL PHONE # _____

SECONDARY CONTACT # _____ GATE CODE (IF APPLICABLE) _____

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

_____ E-MAIL ADDRESS_____

OFFICE USE

ROUTE: _____

PERMIT #: _____

TAButts

Timothy Adam Butts | MP #002422

Leon County OSSF Compliance Program

W.R."Robbie" Robinson – Designated Representative

2212 CR-282
Buffalo TX 75831-5119

Office 903-322-3101
E-mail leoncountytxossf@gmail.com

Permitting Instructions

1. **Complete the ON-SITE SEWAGE FACILITY APPLICATION.**

   Fill in # 1 thru #8, sign and date at the bottom of application. Also include email address.

   (Read - HOW TO OBTAIN A PERMIT FOR AN ON-SITE SEWAGE FACILITY)

2. **Give this application to any licensed septic installer. Installers are listed in the yellow pages or your local newspaper or online.**

3. **The license septic installer will request a required Site Evaluation (this is last two pages of the application) be performed by a licensed Site Evaluator.**

4. **After the Site Evaluation is complete, the installer this will determine the type of system to be installed.**

   Types of Systems:

   Conventional – This type of system is installed in Soil Types Class I, Ib, II, & III.

   Aerobic – This type of system is installed in Soil Types with Class IV (heavy clay) soils or some other type of restrictions.

5. **Once the paper work is completed, the installer will submit to this office to start the permit process. If approved, an "Authorization to Construct" will be issued.**

6. **Then construction can be started. Once the construction is completed, this office will inspect the construction for compliance to state standards. (Please contact this office at least 5 working days in advance to arrange an inspection.)**

7. **After a successful inspection, a "Notice of Approval" will be issued.**

   Note: If a re-inspection is required, the re-inspection fee must be paid before each inspection. (Payable to Leon County)

8. **The homeowner can now occupy the dwelling.**