



# KB SEPTIC SYSTEMS

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

KBSEPTICSYSTEMS@NETZERO.NET

<u>Office Use.</u>	
Date Received	_____
Received By:	_____
County:	<u>Madison</u>
Permit #	_____
Type:	<u>Aerobic</u>

I have been advised and understand that the system to be installed is not warranted 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.*

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.

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

Address at site: \_\_\_\_\_, Texas \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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



# Madison County Rural Development

101 West Main Street, Room 115  
Madisonville, TX 77864  
Cell: (936) 349-5640 Office: (936) 348-2152  
Lynn.jeffries@madisoncountytexas.org

## APPLICATION FOR ON-SITE SEWAGE FACILITY NEW CONSTRUCTION TCEQ REGION #9

NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY & ZIP: \_\_\_\_\_  
 911 ADDRESS (IF DIFFERENT): \_\_\_\_\_  
 LEGAL DESCRIPTION: SEC \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ DATE \_\_\_\_\_  
 COPY OF SURVEY ATTACHED-( ) YES ( ) NO SUBDIVISION: \_\_\_\_\_  
 OTHER THAN SUBDIVISION: ACREAGE \_\_\_\_\_ SURVEY \_\_\_\_\_  
 TYPE OF RESIDENCE: ( ) STRUCTURE ( ) MANUFACTURED HOME  
 SOURCE OF WATER: ( ) PRIVATE WELL ( ) PUBLIC WATER SUPPLY \_\_\_\_\_  
 SINGLE FAMILY RESIDENCE: # OF BEDROOMS \_\_\_\_\_ BATHS \_\_\_\_\_ SQ.FT. \_\_\_\_\_  
 ESTIMATED USAGE – GALLONS OF WATER PER DAY \_\_\_\_\_  
 COMMERCIAL/INSTITUTIONAL (INCLUDING MULTI-FAMILY RESIDENCES) TYPE: \_\_\_\_\_  
 #OF EMPLOYEES/OCCUPANTS/UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_  
 SITE EVALUATOR: Kenneth Butts CERTIFICATION#: 10902  
 DESIGNER: \_\_\_\_\_ LICENSE# (PE OR RS): \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 INSTALLER: Kenneth Butts REGISTRATION #: 0010  
 PHONE NUMBER: 936-825-1023

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby give to the TEXAS COMMISSION on ENVIRONMENTAL QUALITY DESIGNATED REPRESENTATIVE (DR) to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with the commission's On-Site Facility Rules, TAC30, Chapter 285.

\_\_\_\_\_  
(Signature of HOME OWNER ONLY)

\_\_\_\_\_  
(Date)

FEE RECEIPT NUMBER \_\_\_\_\_

# 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 \_\_\_\_\_ 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

# AFFIDAVIT TO THE PUBLIC

THE COUNTY OF MADISON  
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 Madison 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.

I

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

This property is owned by \_\_\_\_\_

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company, and a signed maintenance contract must be submitted to the Madison County DR 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 for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from the Madison County DR.

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

Printed Name

Owner Signature

Printed Name

Owner Signature

SWORN AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_, \_\_\_\_\_, BY \_\_\_\_\_

Printed Name of Signer by Notary

Notary Public, State of Texas

Notary Printed Name