



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: Aerobic

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: _____



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 _____

- PROPERTY OWNER'S NAME: _____
(Last) (First) (Middle)
- CURRENT MAILING ADDRESS: _____
- HOME PHONE NO.: () _____ OTHER or FAX NO.: () _____
- 911 SITE ADDRESS: _____
- 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*
- DIRECTIONS TO SITE: _____
- SOURCE OF WATER: Private Well Public Water Supply _____
(Name of Supplier)
- SINGLE FAMILY RESIDENCE: No. of Bedrooms: _____ Living Area (ft²): _____
- COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: _____
 BUSINESS / INSTITUTION NAME: _____
 RESPONSIBLE OFFICIAL: _____ NO. OF EMPLOYEES/UNITS: _____
- SITE EVALUATOR: Kenneth Butts LICENSE NO. 12902
 PHONE NO.: 936-825-1223 OTHER or FAX NO.: () _____
 MAILING ADDRESS: P.O. Box 1000 CITY: Anderson STATE: TX ZIP: 71830
- INSTALLER: Kenneth Butts LICENSE NO. 0010
 PHONE NO.: 936-825-1223 OTHER or FAX NO.: () _____
 MAILING ADDRESS: P.O. Box 1000 CITY: Anderson STATE: TX ZIP: 71830

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.

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 _____

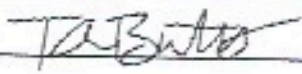
COUNTY _____ CELL PHONE # _____

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

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 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: _____

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**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 surface 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 (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 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 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.

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 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 for the OSSF can be obtained from the Robertson County Health Department.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____

Signature of Owner: _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____

BY: _____
(Print name of homeowner)

Notary Public, State of Texas
Printed Name: _____
My Commission Expires: _____