

KB SEPTIC SYSTEMS

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

	Office Use.
I	Date Received
	Received By:
	County: BONOS
	Permit #
	Type: Acrobic Comm

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 a second control of the control

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:



ON-SITE SEWAGE FACILITY PERMIT APPLICATION Brazos County Health District

Brazos County Health District
201 N Texas Ave, Bryan, TX 77803
(979) 361-4450 • Fax (979) 361-5759 • www.brazoshealth.org

This application will expire one year from the application date. If final inspection not completed, a new permit fee is required. No fee refunds once Authorization to Construct has been issued.

Permit Number

- □ \$425 Residential
- □ \$550 Commercial
- □ \$100 Alteration

Mallian Address		En	nail
Mailing Address	City/St	tate/Zip	
Site Address			
9-1-1 Address	City/St	tate/Zip	
Legal Description: Abstract/Subdivision		Р	hase Block Lot/Tract
Residential: # of Bedrooms Heated Sq. Ft Are	a Daily Wastewater	Usage GPD Acres	Swimming pool : Yes □ No □
Construction Type: ☐ New ☐ Existing ☐ Site E Commercial: ☐ New ☐ Existing Heated Sq. Fi ☐Commercial Office ☐Commercial Manufacture of	Built	Duplex Residential Acc s/guests per day	essory Structure Wplumbing Kitchen Yes No
RV/Manufactured Housing Park of # Spaces			
Property is within Incorporated limits or ETJ			☐ Unincorporated Area Brazos Coun
OSSF DESIGNER			
SITE EVALUATOR			
OSSF INSTALLER	Reg#	Email	
Water Supply Private Well Public Water (Name of the Control of	ne of PWS)		Water Saulan Devices: Ves Cl No Cl
Well Log or Plugging Reports Required? Yes	No. Adjoined Late Affidavit	Basideed2 TV C to-	
Treatment: Primary/Septic Secondary/Aerob	ic Disposal Method: Su	rface Irrigation Drip Emitt	Permit or Examption Form)
☐ Conventional ☐ Graveless Pipe ☐ Multi Pip	pe Leaching Chamber [Other:	er Dow Pressure Dosing ET Bed
☐ Conventional ☐ Graveless Pipe ☐ Multi Pip	pe Leaching Chamber C	Other:	er Low Pressure Dosing ET Bed
Treatment: Primary/Septic Secondary/Aerob Conventional Graveless Pipe Multi Pip I certify that the above statements are true and con upon the above described property for the purpose I also acknowledge that Inspection of the OSSF is r Signature of Owner	rect to the best of my knowled of evaluation of the site prior equired prior to all component	Ge. Authorization is hereby go to approval of planning mate is being covered and prior to	er Low Pressure Dosing ET Bed
Conventional Graveless Pipe Multi Pipe Certify that the above statements are true and consupon the above described property for the purpose also acknowledge that inspection of the OSSF is resignature of Owner PERMIT OSSF APPLICATION: APPROVED DENIED	rect to the best of my knowledge of evaluation of the site prior equired prior to all component Printed Name TING AUTHORITY USE ONLY BEL DATE TCEQ D	ge. Authorization is hereby g to approval of planning mate is being covered and prior to OW THIS LINE	iven to the Authorized Agent to enterenals and for inspection of the OSSF. any use of the system. Date LIC# OS
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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 three months. This agreement will be in effect for <u>2 years</u> from the date of installation of the system.

Date of Installation: _____End of Contract: _____(Brazos County Commercial System)

AB Sep	tic Maintenance & Repairs a	grees to perform the following services during the term of this agreement:
1.	Removal and field service	of aerator motor.
2.	Inspection and adjustment	t 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.	
5.	BOD Testing is required 2 t	ime per year.
*Parts	needed to maintain system	will be billed separately to owner.
*Your p	roperty must be clearly ma	rked with the address. Acceptable locations are on the home/building, the mailbox or the curb.
	will be sent to local author	ities or to TCEQ if the county does not have a local authority. The owner will also receive a copy
forfeit a there w *AB Sep	2 business days. If the serv any previously paid inspect fill be a fee of \$125/\$150 to otic Maintenance & Repair, I	any emergency calls or service calls or repairs during the policy year; service is normally given ice calls or billed items are not paid within 30 days, your agreement will be void and you will ons per this contract until payment has been made. If we are unable to access your property, return for inspection. LC may add ant poison at or around the system unless otherwise indicated on this form. this policy and the service it provides.
		SIGNATURE
		CELL PHONE #
		GATE CODE (IF APPLICABLE)
		ON THAT MAY BE HELPFUL)
		E-MAIL ADDRESS
		E-WAIL ADDRESS
OFFICE	USE	- Sittle
ROUTE	:	Timothy Adam Butts MP #002422
PERMI	T#:	

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF BRAZOS

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 BRAZOS County, Texas

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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 owner's 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 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: 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 this OSSF, and a signed maintenance contract must be submitted to the BRAZOS 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 Brazos County Health Department. WITNESS BY HAND(S) ON THIS DAY OF Signature of Owner(s) SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF ____ (Name of homeowner(s) Notary Public, State of Texas Printed Name: My Commission Expires:

ON-SITE SEWAGE FACILITY PERMIT APPLICATION Brazos County Health District

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Paperwork required for permit:

Signed waiver for KB Septic Systems
Signed and filled out Septic Application
Signed disclaimer
Signed & filled out Maintenance contract (Aerobic only)
Notarized Affidavit (Aerobic only)
Copy of filed deed (if the property has been recently purchased)
Soil evaluation (KB Septic)
Design (KB Septic)
Site plan (KB Septic
Flood plain permit

Note to customer:

Notarized Affidavit (Aerobic only) ** I am a notary if you need one.

Soil evaluation (KB Septic) ** Unless you already had one done please send it.

Design (KB Septic) ** Unless you already had one done please send it.

Site plan (KB Septic) * Unless you already had one done please send it.

Please note that the property owner will have to be the one to fill out & sign the septic paperwork, The county requires Property owners only, If you have POA please include Information of that.

Thank you Chloe Butts KB Septic Systems inc.