



KB SEPTIC SYSTEMS

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

KBSEPTICSYSTEMS@NETZERO.NET

Office Use.

Date Received _____

Received By: _____

County: Burleson

Permit # _____

Type: Aero

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: _____



OSSF Checklist for Permit Application Submission

The following items must be submitted together:

- Application for an On-Site Sewage Facility
- 911 Address Verification
- Copy of recorded deed
- OSSF Technical Information for Permit, form completed by installer
- Site and soil evaluation
- System plan/design
- Affidavit to the Public (2 pages) – if required by system selection. This must be filed by the property owner or their representative. Burleson County Environmental office will not file this document for anyone.
- Signed maintenance contract, if required by system selection
- OSSF permit fee, check or money order payable to Burleson County
- Property Owner Release - This form must be completed by the property owner if another party is submitting an application to construct an on-site sewage facility on their property (this is not for the installer)



Burleson County Environmental Office
 100 West Buck St, Suite 303, Caldwell TX, 77836
 Phone: (979) 567-2360

(Office use only) PERMIT NUMBER _____ Payment Receipt Number _____
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APPLICATION FOR AN ON-SITE SEWAGE FACILITY

All information on this form is required. Forms with missing information will be rejected. If your installer does not request a construction inspection by the permitting authority within one year of the issuance of the authorization to construct, the authorization to construct expires, and the owner will be required to submit a new application and fee. All systems require a construction inspection before a License-to-Operate is issued. **License-to-Operate is required before the septic system is put into use.** Fees subject to change.

Reason for Permit (check one) New Construction System Replacement System Repair/Modification Transfer of Ownership

Owner Name: _____ Phone: _____

Site Address: _____ City/State: _____ Zip: _____

Email Address: _____ Owner will receive the license to operate at the email address provided. Please print clearly.

Single Family Residential

Type of Construction:
 (house, mobile home, RV, etc) _____

Living Area Square FT: _____

Year structure built: _____

Number of bedrooms: _____

Commercial/Multi-unit residential

Type of Facility: _____

Offices, Factories, Churches, Schools, Parks, Etc. Number Of Occupants: _____

Restaurants, Lounges, Theaters Number of Seats: _____

Hotel, Motel, Hospital, Nursing Home Number of Beds: _____

Travel Trailer/RV Parks/Multi-unit residential Number of Spaces: _____

Other: _____

Water Source: Private Well: YES NO if no, enter name of public water supplier _____

Subdivision Name: (if applicable) _____ Lot #: _____ Acres: _____

Property ID: _____ The Property ID and legal description is available from the Burleson County Appraisal District

Property Legal Description: _____

Is this property in the floodplain? YES NO

Is this property homesteaded? (optional) YES NO

I certify that the above statements are true and correct to the best of my knowledge. By signing I certify that I am the property owner or I possess the appropriate land rights necessary to make the permitted improvements on the property. Authorization is hereby given to the BURLESON COUNTY DESIGNATED REPRESENTATIVE (DR), the authorized agent for Texas Commission On Environmental Quality (TCEQ), to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site sewage facility and that a license-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 Texas Commission On Environmental Quality (TCEQ) On-Site Facility Rules, TAC30, Chapter 285.

Signature of Owner: _____ Date: _____

OFFICE USE ONLY – Application updated 10/20/2023

Residential \$330 Commercial \$540 Re-Inspection \$_____ Modification \$_____ Repair \$100 REF#_____ DATE_____

MODIFICATION – OSSF systems with current permit on record; modification includes any changes that add to or take away from the original design of the OSSF system.
 REPAIR – OSSF systems with current permit on record in need of repair due to collapsed lines, tanks, etc. Repairs do not alter the original design of the OSSF.



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PERMIT NUMBER

ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

Site Address: _____

Professional Design Required: Yes No if yes, professional design must be attached

Tank size in gallons: _____ Absorption/Application Area (sq ft) _____

Daily wastewater usage rate: Q = _____ (gallons/day) Water saving devices: Yes No

GPS LOCATION OF WATER WELL (if applicable)

Latitude: (30.xxxxxx) _____ Longitude (-96.xxxxxx) _____

CONTACT INFORMATION (REQUIRED)

Installer Name: <u>Kenneth A Butts / Kenneth Butts</u> <small>Provide installers name NOT the company name</small>	Site Evaluator Name: _____
License #: <u>DS0029543 / 0010</u>	License #: _____
Phone #: <u>936-825-1023</u>	Phone #: _____
Installer Email: <u>Kbseptic Systems@netzoo.net</u>	Designer Name: _____
	License #: (RS or PE) _____
	Phone #: _____

Note – This information must be attached for review to be completed.

- A. Site Evaluation
- B. Planning Materials
- C. Site Design

DO NOT BEGIN CONSTRUCTION UNTIL THE AUTHORIZATION TO CONSTRUCT HAS BEEN ISSUED.
 UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND OR ADMINISTRATIVE PENALTIES.

Signature of Installer or Designer: _____ Date: _____

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) _____

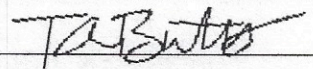
NOTES (DOGS OR OTHER INFORMATION THAT MAY BE HELPFUL) _____

_____ E-MAIL ADDRESS _____

OFFICE USE

ROUTE: _____

PERMIT #: _____



Timothy Adam Butts | MP #002422

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF BURLESON

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 Burleson County, Texas

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (commission) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), §5.012 and §5.013, gives the commission 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 commission, 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 commission requires a recorded affidavit. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This recorded affidavit is not a representation or warranty by the commission of the suitability of this OSSF, nor does it constitute any guarantee by the commission that the appropriate OSSF was installed.

II.

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 shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

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 Burleson County Authorized Agent or designated representative of the authorized agent.

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

Signature of Owner(s) _____

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

BY _____
(Name of homeowner(s))

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



Burleson County
Environmental Office
On-site Sewage Facility Permitting

100 W Buck St, Suite 303, Caldwell, TX 77836
PHONE 979-567-2360

Property Owner Release

This letter must be filled out the by the property owner if another party is submitting an application to construct an on-site sewage facility on their property. This letter must be submitted with the On-Site Sewage Facility application packet.

Property Owner's Contact Information:

Phone: _____ E-Mail: _____

I, _____ am the owner of the property listed below and I certify that I have granted permission to Chloe Butts / KB Septic Systems to obtain permits necessary for the construction or installation of an On-Site Sewage Facility at the following address and legal description:

Property Owner's Signature

Date