



KB SEPTIC SYSTEMS

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

KBSEPTICSYSTEMS@NETZERO.NET

Office Use.

Date Received _____

Received By: _____

County: Madison

Permit # _____

Type: Conv.

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.

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: 936-825-6223

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 _____