



# KB SEPTIC SYSTEMS

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

KBSEPTICSYSTEMS@NETZERO.NET

Office Use.

Date Received \_\_\_\_\_

Received By: \_\_\_\_\_

County: Milam

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: \_\_\_\_\_

New Installation **MILAM COUNTY HEALTH DEPARTMENT**

Tank Replacement **209 SOUTH HOUSTON ST.**

Drain field-Repair/Replace **CAMERON, TEXAS 76520**

Repair **Phone: (254) 697-7039 Fax: (254) 697-4809**

**APPLICATION FOR ON-SITE SEWAGE FACILITY**

M.C.H.D. USE ONLY

APPLICATION NO. \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

AMOUNT \_\_\_\_\_

***Fee must be paid by cash, check or money order made payable to: Milam County Health Department***

1. PROPERTY OWNER'S NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

2. PERMANENT MAILING ADDRESS: \_\_\_\_\_

3. DAYTIME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

4. 911 SITE ADDRESS: \_\_\_\_\_

5. LOT/TRACT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ RECORD SET: \_\_\_\_\_ VOL: \_\_\_\_\_ PAGE: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT SIZE/ACREAGE: \_\_\_\_\_

6. DIRECTIONS TO SITE: \_\_\_\_\_

7. SOURCE OF WATER:  Private Well  Public Water Supply \_\_\_\_\_  
(Name of Supplier)

8. SINGLE FAMILY RESIDENCE: No. of Bedrooms: \_\_\_\_\_ Living Area (ft<sup>2</sup>): \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

9. COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: \_\_\_\_\_

NO. OF EMPLOYEES / OCCUPANTS / UNITS: \_\_\_\_\_ DAYS OCCUPIED PER WEEK: \_\_\_\_\_

10. INSTALLER: Kenneth Butts LICENSE NO.: 0010

ADDRESS: P.O. Box 1000 CITY: Anderson STATE: Tx ZIP: 77830

PHONE NUMBER (936) 825-6223 FAX NO.: (\_\_\_\_) \_\_\_\_\_

PROFESSIONAL DESIGN REQUIRED?  Yes  No If yes, professional design attached?  Yes  No

**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 USEAGE RATE: Q= \_\_\_\_\_ (gallons/day) WATER SAVING DEVICES:  Yes  No**

**III. TREATMENT UNIT:  SEPTIC TANK  AEROBIC UNIT**

A. • SIZE REQUIRED: \_\_\_\_\_ • SIZE PROPOSED: \_\_\_\_\_

• MANUFACTURER: \_\_\_\_\_ • MATERIAL/MODEL #: \_\_\_\_\_

• PRETREATMENT TANK:  Yes SIZE: \_\_\_\_\_ (gal)  No  N/A

B.  OTHER: \_\_\_\_\_  
(Please attach description)

**IV. DISPOSAL SYSTEM: TYPE: Gravel \_\_\_\_\_ 8" Gravel less \_\_\_\_\_ LPD \_\_\_\_\_ ET \_\_\_\_\_**  
Leaching Chamber \_\_\_\_\_ Surface Irrigation \_\_\_\_\_ Other \_\_\_\_\_

• AREA REQUIRED: \_\_\_\_\_ • AREA PROPOSED: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Milam County Health Department to enter the above described property for the purpose of lot evaluation and inspection of on-site sewage facility. I understand that a permit to operate the facility will be granted following successful inspection of the installed system which indicates the system is installed in compliance with TCEQ's On Site Sewage Facility Rules, TAC 30, Chapter 285.

\_\_\_\_\_  
(Signature of Owner)

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

# MILAM COUNTY HEALTH DEPARTMENT ON-SITE WASTEWATER SYSTEMS CHECKLIST

OWNER'S NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

The following information must be included with the design package for review by the **MILAM COUNTY HEALTH DEPARTMENT**. Failure to include or address all of the following items may result in approval delays.

1. **SITE EVALUATION:** At least two soil borings/backhoe pits shall be taken in opposite ends of the area to be used for the soil absorption system, and shall be excavated to a depth of 2 feet **BELOW** the proposed trench, or to a restrictive horizon whichever is less. **Two copies of the test results and the drawing** must be enclosed. The following information must be included:
  - A. Soil texture analysis. List the texture type.
  - B. Soil structure analysis. List structure type.
  - C. Depth of test. (Soils without at least 24" of suitable soil beneath the proposed drain field shall be considered unsuitable.
  - D. Restrictive horizon evaluation
  - E. Groundwater evaluation
  - F. Topography
  - G. Flood hazard
  - H. Vegetation
  - I. Easements and bodies of water (lakes, watercourses, etc.) must be identified.
  - J. Location of all buildings (existing or proposed)
  - K. All separation distances identified in Table X must be shown.
  - L. All water wells on this site and neighboring properties.
  
2. **PLANNING MATERIALS:** **Two copies of the construction drawing** must be enclosed and include the following information:
  - A. A detailed, legible site plan with boundary description (Aerobic systems require scale drawing, legal description of the lot, and Affidavit to the Public, and Maintenance Agreement to be attached).
  - B. The location of all buildings (existing or proposed) on the site plan.
  - C. The size and location of the wastewater treatment units and disposal area (include width & depth).
  - D. A cross section of the excavation must be included.
  - E. All water wells on the site and neighboring properties must be identified and located on the site plan.
  - F. Easements and bodies of water (lakes, watercourses, etc.) must be identified.
  - G. All separation distances identified in Table X must be shown.

# MILAM COUNTY HEALTH DEPARTMENT OSSF SOIL EVALUATION FORM

Owner's Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Physical Address \_\_\_\_\_

Name of Site Evaluator \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number \_\_\_\_\_

Date Performed \_\_\_\_\_ Proposed Excavation Depth \_\_\_\_\_

- At least two soil evaluations must be performed on the site, at opposite ends of the proposed disposal area. Please show the results of each soil evaluation on a separation table. Locations of soil evaluations must be shown on the site drawing.
- For subsurface disposal, soil evaluations must be performed to a depth of at least 2 ft. below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
- Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

## SOIL BORING NUMBER 1

DEPTH	DEPTH TEXTURAL CLASS & STRUCTURE (IF APPLICABLE)	WATER TABLE	RESTRICTIVE HORIZON	COMMENTS
12"				
18"				
24"				
30"				
36"				
42"				
48"				
54"				
60"				

## SOIL BORING NUMBER 2

DEPTH	DEPTH TEXTURAL CLASS & STRUCTURE (IF APPLICABLE)	WATER TABLE	RESTRICTIVE HORIZON	COMMENTS
12"				
18"				
24"				
30"				
36"				
42"				
48"				
54"				
60"				

Copy for site owner [ ]

Copy for site evaluator [ ]

Copy for Milam County Health Dept. [ ]

I certify that the above statements are true and are based on my own field observations.

\_\_\_\_\_  
Signature of Site Evaluator

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date

SYSTEM TYPE:

SYSTEM DIMENSION:

Rock & Pipe	<input type="checkbox"/> Trench	<input type="checkbox"/> Bed	Number of Tanks	
ET			Capacity/#Comp.	
Leaching Chamber			Excavation Width	
Gravelless 8"			Excavation Length	
LPD			Excavation Depth	
Spray Application			Number of Panels	
Drip			Linear Feet	
Other:			Square Footage	
			Flow-GPD	
			Application Rate	

Indicate scale and Indicate North.

Show all distances related to OSSF location (setbacks)

Designer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

License Number: \_\_\_\_\_ Check:  OSSF I  OSSF II  SE  PE  RS