



# 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: Conv

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 (ft<sup>2</sup>): \_\_\_\_\_
- COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: \_\_\_\_\_  
 BUSINESS / INSTITUTION NAME: \_\_\_\_\_  
 RESPONSIBLE OFFICIAL: \_\_\_\_\_ NO. OF EMPLOYEES/UNITS: \_\_\_\_\_
- SITE EVALUATOR: Kenneth Butts LICENSE NO. 10902  
 PHONE NO.: 936-825-1023 OTHER or FAX NO.: \_\_\_\_\_  
 MAILING ADDRESS: P.O. Box 1000 CITY: Anderson STATE: TX ZIP: 71830
- INSTALLER: Kenneth Butts LICENSE NO. 0010  
 PHONE NO.: 936-825-1023 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.

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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purposes.

**ROBERTSON COUNTY TEXAS  
OSSF SOIL EVALUATION**

Date Performed: \_\_\_\_\_

Property Location: \_\_\_\_\_

Proposed Excavation Depth: \_\_\_\_\_

Name of Site Evaluator: \_\_\_\_\_

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

**Requirements:**

At least two soil evaluations 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 subsurface 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.: \_\_\_\_\_