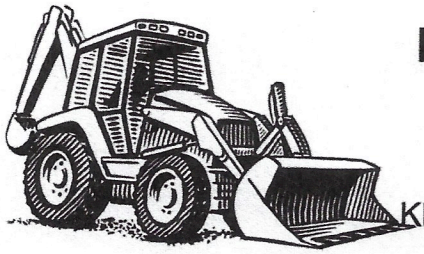

KB SEPTIC SYSTEMS

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

Office Use.

Date Received _____

Received By: _____

County: ROBERTSON

Permit # _____

Type: COMM. 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.

- We do not connect under cabins that are close to the ground. Customer/ Owner is responsible for making sure there is a sewer line easily accessible on the outside of the cabin for septic connection. We reserve the right to refuse to connect under cabins/Mobiles homes etc if the pipes are broken, there is waste from use or access to under the building is limited.We will install a clean out for your plumber to connect to if the above happens

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.
- If we have to mount the control box near the tanks and it requires a panel for mounting there will be an additional charge for the panel.

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

1. PROPERTY OWNER'S NAME: _____ (Last) (First) (Middle)
2. CURRENT MAILING ADDRESS: _____
3. HOME PHONE NO.: ( ) _____ OTHER or FAX NO.: ( ) _____
4. 911 SITE ADDRESS: _____
5. 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
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 (ft²): _____
9. COMMERCIAL/INSTITUTIONAL (other than single-family residence) TYPE: _____

   BUSINESS / INSTITUTION NAME: _____

   RESPONSIBLE OFFICIAL: _____ NO. OF EMPLOYEES/UNITS: _____
10. SITE EVALUATOR: _____ LICENSE NO. _____

    PHONE NO.: ( ) _____ OTHER or FAX NO.: ( ) _____

    MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
11. INSTALLER: K. ANDREW BUTTS LICENSE NO.: 0029543

    PHONE NO.: (936) 825.6223 OTHER or FAX NO.: (936) 825.4978- CELL

    MAILING ADDRESS: P.O. BOX 600. CITY: ANDERSON STATE: TX. ZIP: 77830

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:**_____

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 TEXAS
OSSF SOIL EVALUATION

Date Performed: _____

Property Location: _____ Proposed Excavation Depth: _____

Name of Site Evaluator: _____ License Number: _____

Requirements:

At least two soil excavations 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.: _____

PROPERY OWNER:_____PROPERTY ADDRESS:_____

_____

ROBERTSON COUNTY SEPTIC PAPERWORK CHECK LIST

ALL PAPERWORK MUST BE SIGNED BY THE LEGAL PROPERTY OWNER.

- ☐ WAIVER.
- ☐ ROBERTSON COUNTY APPLICATION PAGE
- ☐ 2- YEAR MAINTENANCE CONTRACT
- ☐ ROBERTSON COUNTY AFFIDAVIT TO THE PUBLIC (THIS PAGE MUST BE NOTARIZED)
- ☐ SOIL EVALUATION (WE WILL PROVIDE THIS)
- ☐ DESIGN & SITE PLAN (WE WILL PROVIDE THIS)
- ☐ DEED TO PROPERTY IF YOU HAVE RECENTLY PURCHASED THE PROPERTY.

NOTES:

I WILL NEED THE ORIGINALS MAILED TO ME @ P.O. BOX 600 ANDERSON TX 77830 FOR ALL AEROBIC PAPERWORK.

NOTARIZED AFFIDAVIT (AEROBIC SYSTEMS ONLY) - I AM A NOTARY IF YOU NEED ONE.

SOIL EVALUATION - WE WILL PROVIDE THIS. IF YOU HAVE ALREADY HAD THIS DONE PLEASE INCLUDE THIS WITH THIS PAPERWORK

DESIGN - WE WILL PROVIDE THIS. IF YOU HAVE ALREADY HAD THIS DONE PLEASE INCLUDE THIS WITH THIS PAPERWORK

SITE PLAN - WE WILL PROVIDE THIS. IF YOU HAVE ALREADY HAD THIS DONE PLEASE INCLUDE THIS WITH THIS PAPERWORK

PLEASE NOTE THAT THE PROPERTY OWNER WILL HAVE TO BE THE ONE TO FILL OUT & SIGN THE PAPERWORK. THE COUNTY REQUIRES THAT ONLY PROPERTY OWNERS CAN SIGN. IF YOU HAVE POA PLEASE INCLUDE THAT INFORMATION WITH PAPERWORK.

THANK YOU,
CHLOE BUTTS