

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: **COMM. AERO**

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: _____

☐ 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 (ft²): _____ Number of Occupants: _____

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

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

10. INSTALLER: K. ANDREW BUTTS LICENSE NO.: 0029543

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

PHONE NUMBER (936) 825-6223-OFFICE 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 TOEC's On Site Sewage Facility Rules, TAC 90, Chapter 295.

(Signature of Owner)

(Date)

Effective January 1, 2016

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.

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: _____

COMMERCIAL

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 **MILAM** CELL PHONE # _____

SECONDARY CONTACT # _____ GATE CODE (IF APPLICABLE) _____

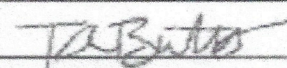
NOTES (DOGS OR OTHER INFORMATION THAT MAY BE HELPFUL) _____

_____ E-MAIL ADDRESS _____

OFFICE USE

ROUTE: _____

PERMIT #: _____


Timothy Adam Butts | MP #002422

THE COUNTY OF MILAM
STATE OF TEXAS

AFFIDAVIT

According to Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities (OSSFs) Facilities, this document is filed in the Deed Records of Milam 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 record 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 (insert legal description):

The property is owned by: _____
(Insert owner's full name)

Any OSSF using an aerobic treatment shall have a maintenance contract on that system. All contracted maintenance of an OSSF using aerobic treatment shall be conducted by a certified maintenance provider. There shall be no homeowner or property owner maintenance of an OSSF using aerobic treatment unless the property owner/homeowner is a certified maintenance provider for that aerobic treatment unit.

Upon sale or transfer of the above-described property, the permit for the OSSF shall be transferred to the buyer or new owner. A copy of the planning materials for the OSSF may be obtained from the Milam County Health Department.

WITNESS BY MY HAND ON THIS _____ DAY OF _____, _____

[Owner(s) Signature(s)]

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

BY _____
Name of homeowner(s)

Notary Public, State of Texas

Notary's Printed Name

Notary Commission Expiration