



KB SEPTIC SYSTEMS

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

KBSEPTICSYSTEMS@NETZERO.NET

Office Use.

Date Received _____

Received By: _____

County: **LEON**

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 NUMBER

LEON COUNTY

COUNTY OF INSTALLATION

TCEQ 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-OFFICE _____ 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.

Texas Commission on Environmental Quality

**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:** _____

If you have questions on how to fill out this form or about the on-site sewage facility program, please contact us at your local regional office or at 512/239-3799. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

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.



Leon County OSSF Compliance Program

W.R."Robbie" Robinson – Designated Representative

2212 CR-282
Buffalo TX 75831-5119

Office 903-322-3101
E-mail leoncountytossf@gmail.com

Permitting Instructions

1. Complete the ON-SITE SEWAGE FACILITY APPLICATION.

Fill in # 1 thru #8, sign and date at the bottom of application. Also include email address.

(Read - HOW TO OBTAIN A PERMIT FOR AN ON-SITE SEWAGE FACILITY)

- 2. Give this application to any licensed septic installer. Installers are listed in the yellow pages or your local newspaper or online.**
- 3. The license septic installer will request a required Site Evaluation (this is last two pages of the application) be performed by a licensed Site Evaluator.**
- 4. After the Site Evaluation is complete, the installer this will determine the type of system to be installed.**

Types of Systems:

Conventional – This type of system is installed in Soil Types Class I, Ib, II, & III.

Aerobic – This type of system is installed in Soil Types with Class IV (heavy clay) soils or some other type of restrictions.

- 5. Once the paper work is completed, the installer will submit to this office to start the permit process. If approved, an "Authorization to Construct" will be issued.**
- 6. Then construction can be started. Once the construction is completed, this office will inspect the construction for compliance to state standards. (Please contact this office at least 5 working days in advance to arrange an inspection.)**
- 7. After a successful inspection, a "Notice of Approval" will be issued.**

Note: If a re-inspection is required, the re-inspection fee must be paid before each inspection. (Payable to Leon County)

- 8. The homeowner can now occupy the dwelling.**