



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: **RES. 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.

- 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 USAGE 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)

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.