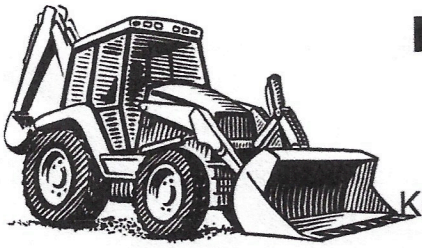

KB SEPTIC SYSTEMS

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

Office Use.

Date Received _____

Received By: _____

County: WASHINGTON

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:_____

WASHINGTON COUNTY
ENGINEERING AND DEVELOPMENT SERVICES
Environmental Health Division
3650 Hwy 36 N, Brenham, Texas 77833

Office Use Only
Permit #OSSF_____
Fee Paid $_____
Date_____
Receipt #_____

ON-SITE SEWAGE FACILITY PERMIT APPLICATION
Multi-Unit Residential or Non-Residential

Property Owner's Name _____ Email_____

Installation Address _____

Mailing Address _____

Phone _____ (Can we text this number?) ☐ Yes ☐ No

Registered Agent's Name _____ Email_____

Acreage _____ ☐ Private Water Well ☐ Public Water Supply (Name) _____

List other structures on this property that use a septic system _____

The structure to be served is ☐ New ☐ Existing

☐ Multiple Residences (Describe) _____

No. of Bedrooms _____+_____+_____ Living Area (Sq. Ft.) _____+_____+_____

☐ Convenience Store No. of Gas Pumps _____ No. of Washing Machines _____

Food Prep ☐ Yes ☐ No (Describe) _____

☐ Restaurant No. of Seats _____ No. of Employees _____ No. of Washing Machines _____

☐ Office/Shop ☐ Other (Describe) _____ No. of Washing Machines _____

No. of Units _____ No. of Occupants/Employees _____

No. of Days Occupied Per Week _____ No. of Hours Occupied Per Day _____

Washateria/Wash House

No. of Machines _____

Office Use Only
Permit #OSSF_____

WASHINGTON COUNTY
ENGINEERING AND DEVELOPMENT SERVICES
Environmental Health Division
3650 Hwy 36 N, Brenham, Texas 77833

ON-SITE SEWAGE FACILITY PERMIT APPLICATION
Multi-Unit Residential or Non-Residential

To avoid delay, please include as much of the following information as you can:

Washington County Appraisal District property ID number _____

A copy of your filed deed (If Appraisal District property ID number is not in your name)

Licensed Installer's name and phone number (if one has been selected) K. ANDREW BUTTS OS0029543

Licensed Installer's email (if one has been selected) KBSEPTICSYSTEMS@NETZERO.NET

Type of System to be installed (if system type has been selected) _____

Is any portion of the property in the Floodplain? ☐ Yes ☐ No ☐ Unsure

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Information for the owner of an On-Site Sewage Facility (OSSF or septic system)

- All septic systems require a permit, regardless of acreage.
- The amount of maintenance required and the long-term cost can vary a lot depending on the type of system.
- Decisions regarding system type must take the owner's wishes into consideration.
- Washington County does NOT require any certain type of septic system; you have options, and may choose to install any type of system that meets code.
- We are here to assist you in making an informed decision when choosing the type of system to install.
- If you have any questions or concerns, contact our office at 979-277-6290.

I acknowledge receipt of the information for the owner of an On-Site Sewage Facility and I certify that the information given by me with this application is true and accurate to the best of my knowledge. I authorize Washington County Environmental Health employees, their agents and designees, to enter upon the subject property for purposes associated with this application, which may include site evaluation, inspection, traditional photos, and photos taken by drone.

_____ (Signature of Owner)

_____ (Date)

CHECK LIST FOR SEPTIC PERMITS

Please email completed application packet to: wcrboffice@washingtoncountytx.gov

See Fee Schedule for payment amount, all fees are non-refundable

To pay online: Go to Certified Payments (enter Bureau Code 9235584 and Account Number 1 if needed).

To pay by phone: Call Certified Payments toll-free at 1-866-549-1010 (enter Bureau Code 9235584 and Account Number 1 when prompted).

For assistance with online and phone payments, call Certified Payments at 1-866-539-2020.

_____ **Permit application**

1. Single Family Residential is one residence and/or one auxiliary structure on one system Single Family Residential Permit Application
2. Multi-Unit Residential or Non-Residential is two or more residences on one system or any non-residential or commercial structure Multi-Unit Residential or Non-Residential Permit Application

_____ **Legal Description**

1. Copy of filed Deed **or**
2. Property Details Document from Washington County Appraisal District

_____ **Joined Properties Affidavit** (If house/structure and septic are on 2 tracts of land. If more than 2 tracts contact our office for the proper affidavit) Joined Prop Aff - 2

1. Signed by Owner, Notarized
2. Filed at the Washington County Clerk's Office

_____ **Water Well Report** (If well is less than 100' from drainfield) 2003-Present or 2002 & Prior

_____ **Soil Evaluation** Soil Evaluation

_____ **Site Plan/Drawing** Site Plan with Grid

_____ **Calculations Page** (by RS or PE if an Aerobic or LPD is installed)

_____ **Aerobic Information Sheet** (Signed by Owner, for Aerobic systems only) ATU Owner Info

_____ **Affidavit to the Public** for Aerobic systems only Aerobic Affidavit

1. Signed by Owner, Notarized
2. Filed at the Washington County Clerk's Office

_____ **2 Year Maintenance Contract** (for Aerobic systems only)

1. Signed by Owner and Maintenance Provider

_____ **Maintenance Company Registration must be on file** (for Aerobic systems only)