

KB SEPTIC SYSTEMS

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

KBSEPTICSYSTEMS@NETZERO.NET

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.

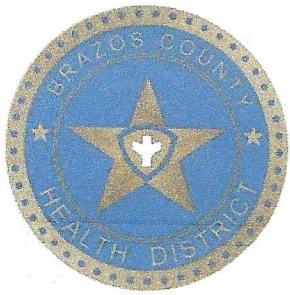
KB Septic Systems will not be held responsible for dirt settling around tanks or trenches. We are also not responsible for damage to existing underground utilities or sprinkler lines. This will be the owner's responsibility.

Customer Name: _____

Address at site: _____

Phone number: _____

Signature: _____



ON-SITE SEWAGE FACILITY PERMIT APPLICATION
Brazos County Health District
 201 N Texas Ave, Bryan, TX 77803
 (979) 361-4450 • Fax (979) 361-5759 • www.brazoshealth.org

This application will expire one year from the application date.
 If final inspection not completed, a new permit fee is required.
 No fee refunds once Authorization to Construct has been issued.

Permit Number	
<input type="checkbox"/> \$400 Residential	
<input type="checkbox"/> \$500 Commercial	
<input type="checkbox"/> \$80 Alteration	

Property Owner _____ Phone _____ Email _____

Mailing Address _____ City/State/Zip _____

Site Address _____ City/State/Zip _____

9-1-1 Address _____ City/State/Zip _____

Legal Description: Abstract/Subdivision _____ Phase _____ Block _____ Lot/Tract _____

Residential: # of Bedrooms _____ Heated Sq. Ft Area _____ Daily Wastewater Usage _____ GPD Acres _____ Swimming Pool: Yes No

Construction Type: New Existing Site Built Manufactured Home Duplex Residential Accessory Structure w/plumbing

Commercial: New Existing Heated Sq. Ft Area _____ # of Employees/guests per day _____ Kitchen Yes No

Commercial Office Commercial Manufacture or Shop Institutional Food Establishment Multi Unit Residential Convenience Store

RV/Manufactured Housing Park of # Spaces _____ Other: _____

Property is within Incorporated limits or ETJ of Bryan College Station Kurten Wixon Valley Unincorporated Area Brazos County

OSSF DESIGNER EDDIE BOLCH Reg# 2552 Email mycyclonespoiler429@gmail.com

SITE EVALUATOR EDDIE BOLCH Reg# 0011370 Email mycyclonespoiler429@gmail.com

OSSF INSTALLER KENNETH BUTTS Reg# 0010 Email KBSEPTICSYSTEMS@NETZERO.NET

Water Supply Private Well Public Water (Name of PWS) _____ Water Saving Devices: Yes No

Well Log or Plugging Reports Required? Yes No Adjoined Lots Affidavit Required? Yes No ATU Affidavit Required? Yes No

Flood Plain Info: Floodplain Permit # _____ or Exemption Form (include Copy of Floodplain Permit or Exemption Form)

Treatment: Primary/Septic Secondary/Aerobic Disposal Method: Surface Irrigation Drip Emitter Low Pressure Dosing ET Bed

Conventional Graveless Pipe Multi Pipe Leaching Chamber Other: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Authorized Agent to enter upon the above described property for the purpose of evaluation of the site prior to approval of planning materials and for inspection of the OSSF. I also acknowledge that inspection of the OSSF is required prior to all components being covered and prior to any use of the system.

Signature of Owner _____ Printed Name _____ Date _____

PERMITTING AUTHORITY USE ONLY BELOW THIS LINE

OSSF APPLICATION: APPROVED DENIED DATE _____ TCEQ DR: _____ LIC# OS _____

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Authorization To Construct (ATC) Issued Notice of Deficiency & ATC Denial Letter Issued

Provided to Installer: _____ Date: _____ In person Email Mail By: _____

Provided to Owner: _____ Date: _____ In person Email Mail By: _____

Receipt Information:			
Residential OSSF Permit Fee \$400	_____	Date: _____	Rec'd By: _____
Commercial OSSF Permit Fee \$500	_____	Date: _____	Rec'd By: _____
OSSF Repair/Alteration Fee \$80	_____	Date: _____	Rec'd By: _____
Re-inspection Fee \$80	_____	Date: _____	Rec'd By: _____

AFFIDAVIT TO THE PUBLIC

THE COUNTY OF BRAZOS

STATE OF TEXAS

CERTIFICATION OF ON-SITE SEWAGE FACILITY (OSSF) MAINTENANCE

According to the Texas Commission on Environmental Quality Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of BRAZOS County, Texas

I.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TCEQ) to regulate on-site sewage facilities (OSSFs). Additionally, the Texas Water Code (TWC), 5.012 and 5.013, gives the TCEQ 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 TCEQ, under the authority of the TWC and the Texas Health and Safety Code, requires owner's to provide notice to the public that certain types of OSSFs are located on specific pieces of property. To achieve this notice, the TCEQ requires a deed recording. Additionally, the owner must provide proof of the recording to the OSSF permitting authority. This deed certification is not a representation or warranty by the TCEQ of the suitability of this OSSF, nor does it constitute any guarantee by the TCEQ 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:

Address at Site: _____

Legal Description: _____

The property is owned by: _____

This OSSF must be covered by a continuous maintenance contract. The undersigned further understands that the owner of the surface application system shall continuously maintain a signed written contract, for service and repairs, with a valid maintenance company. An approved maintenance company must perform all maintenance on this OSSF, and a signed maintenance contract must be submitted to the BRAZOS COUNTY AUTHORIZED AGENT within 30 days after the property has been transferred.

The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning material for the OSSF can be obtained from the Brazos County Health Department.

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, _____.

Signature of Owner(s) _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____,
By _____
(Name of homeowner(s))

Notary Public, State of Texas
Printed Name: _____
My Commission Expires: _____

**MCDUGALD SYSTEMS, INC.
 DBA TEXAS JET SYSTEMS
 DAVID MCDUGALD
 21860 FM 244
 IOLA TX 779861
 MP0000877
 SERVICE CONTRACT**

ONE YEAR SERVICE CONTRACT OR TWO YEAR SERVICE CONTRACT

TERMS DATE FROM: _____

PERMIT #: _____

TERMS DATE TO: _____

COUNTY: _____

O.S.S.F. TYPE: _____

OF INSP: _____



AS REQUIRED BY COUNTY

THIS CONTRACT ASSURES THAT AB SEPTIC MAINTENANCE & REPAIRS WILL PERFORM INSPECTIONS AND MAINTENANCE SERVICE TO YOUR SYSTEM. THERE WILL BE A MINIMUM OF REQUIRED INSPECTIONS BASED ON WHAT COUNTY YOU ARE IN. THE INSPECTION WILL INCLUDE A VISUAL FOR COLOR, TURBIDITY, SLUDGE BUILD UP, SCUM OVERFLOW, AND ODOR. PERFORM MANUFACTURERS RECOMMENDED MAINTENANCE SCHEDULE ON ALL COMPONENTS AND EQUIPMENT (I.E.. AERATOR, AIR FILTER, ALARM CONTROLS ETC.). REPORTS ARE GIVEN IN WRITING OF ANY IMPROPER OPERATION. REPAIRING OR REPLACING OF ANY MALFUNCTIONING COMPONENTS AND/OR EQUIPMENT WILL BE AT THE **CUSTOMERS EXPENSE**. THIS CONTRACT INCLUDES ALL REQUIRED REPORTING TO THE REGULATORY AGENCY AND TESTING OF C12 AND PH. IF REQUIRED AN ANNUAL T.S.S. AND B.O.D. WILL BE PERFORMED. **THE CUSTOMER** WILL BE RESPONSIBLE FOR THE COST OF FILLING THE DISINFECTION CHAMBER WITH CHLORINE TABLETS/ LIQUID BLEACH. **THE CUSTOMER** WILL BE RESPONSIBLE FOR SLUDGE HAULING IF NEEDED. COMPLAINTS BY THE CUSTOMER, REGARDING SYSTEM WILL BE RESPONDED TO AS SOON AS POSSIBLE AND/OR ONSITE NO LATER THAN 48 HOURS.

CUSTOMER:

INSPECTOR:

AB SEPTIC MAINTENANCE & REPAIRS
 ADAM BUTTS
 6440 CR 185
 ANDERSON, TEXAS 77830
 (979) 324-2428

David M. Dougald

(SIGNATURE)

(DATE)

(PRINT NAME)

(SITE ADDRESS)

(MAILING ADDRESS IF DIFFERENT)

(PHONE NUMBER)

(SIGNATURE)

(DATE)

CONTRACT AMOUNT TO BE PAID IN FULL AT INITIATION OF THIS CONTRACT