

NOV 09 2015

**REQUEST FOR AGENDA PLACEMENT FORM**

**Submission Deadline - Tuesday, 12:00 PM before Court Dates**

**SUBMITTED BY: David Disheroon**

**TODAY'S DATE: 10/22/15**

**DEPARTMENT:**

**X Public Works**

**SIGNATURE OF DEPARTMENT HEAD:**

**X \_\_\_\_\_**

**REQUESTED AGENDA DATE:**

**X November 9, 2015**

**SPECIFIC AGENDA WORDING: Consideration to grant a variance for 3912 CR 307 Grandview for a residence and a shop on one septic system, located in Precinct 4.**

**PERSON(S) TO PRESENT ITEM: David Disheroon**

**SUPPORT MATERIAL: (Must enclose supporting documentation)**

**TIME: Ten Minutes**

**ACTION ITEM: X**

**WORKSHOP: \_\_\_\_\_**

**(Anticipated number of minutes needed to discuss item) CONSENT: \_\_\_\_\_**

**EXECUTIVE: \_\_\_\_\_**

**STAFF NOTICE:**

**COUNTY ATTORNEY: \_\_\_\_\_**

**ISS DEPARTMENT: \_\_\_\_\_**

**AUDITOR: \_\_\_\_\_**

**PURCHASING DEPARTMENT: \_\_\_\_\_**

**PERSONNEL: \_\_\_\_\_**

**PUBLIC WORKS: \_\_\_\_\_**

**BUDGET COORDINATOR: \_\_\_\_\_**

**OTHER: \_\_\_\_\_**

**\*\*\*\*\*This Section to be Completed by County Judge's Office\*\*\*\*\***

**ASSIGNED AGENDA DATE: \_\_\_\_\_**

**REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE \_\_\_\_\_**

**COURT MEMBER APPROVAL \_\_\_\_\_ Date \_\_\_\_\_**



### Variance Request for Septic System

Johnson County Subdivision Rules and Regulations state only one septic system per one (1) acre, Section VII A. To request a variance for the purpose of:

- installing a septic system on a lot or tract of less than an acre or
- two residences on one (1) septic system Shop & house
- installing a second septic system on a lot less than 2 acres

Please provide the following information. This request will be presented to the Commissioner's Court for their decision.

Owner Dewey J. Applegate Date 10-21-15

Contact Information: Phone no. 817 538-1464

Cell no. 817 538-1464 Email address deweyapplegate@yahoo.com

Property Information for Variance Request:

Property 911 address 3912 CR 307 Grandview TX 76050

Subdivision name \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Lot size: 1.998 acres Size of existing residence: \_\_\_\_\_ sq. ft.

Does this lot currently have a septic system?  Yes  No System type \_\_\_\_\_

ETJ:  Yes - City \_\_\_\_\_  No

Is a part of the property located in a FEMA designated Floodplain?  Yes  No

Reason for request hooking shop & home to one septic.

Provide the following with this request:

- Copy of your plat if property has been platted
- Copy of property deed
- Survey or drawing showing existing home, buildings, existing & proposed septic system locations



JOHNSON COUNTY Department of Public Works

1 North Main Street/Suite 305, Cleburne, TX 76033

development@johnsoncountytexas.org - (817) 556-6380 - Fax (817) 556-6391

Application for 'Authorization to Construct' OSSF System

Office use only Authorization to Construct Permit # \_\_\_\_\_ Date \_\_\_\_\_  
 FIRM Panel # \_\_\_\_\_ Precinct \_\_\_\_\_

This is to certify that: \_\_\_\_\_ has paid a  
 Fee of:  \$475.00 Aerobic Septic Systems  \$375.00 All other Septic Systems

And has complied with the rules and regulations of this department for the construction of a private liquid waste disposal system - address and owner listed below. Inspector approval: [Signature] Date 10-19-15  
 This AUTHORIZATION TO CONSTRUCT is only valid with INSPECTOR APPROVAL and is valid for 1 year from the issue date unless revoked for non-compliance with the rules and regulations of this department

To be completed and signed by Property owner

Property Owner's Name: Joe Apple Gate Ph. # 817-538-1464

511 site address: 3912 CR 307 TX 76050 <sup>GRANDVIEW</sup> Current mailing address: \_\_\_\_\_

Legal Description:  Metes and Bounds: Acreage: 2

Recorded deed: Volume \_\_\_\_\_ Page \_\_\_\_\_ Survey AU SPRING A Abstract 801 -or-

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Blk #: \_\_\_\_\_ Phase / Section #: \_\_\_\_\_

Please attach verification of legal description such as a copy of: Deed and Survey or other documentation

Type of Home / Building:  New  Existing  Site Built  Manufactured  Bldg. Sq. Ft. 1800

Single-Family # Bdrms 3  Multi-Family # Bdrms \_\_\_\_\_  Commercial # Employees \_\_\_\_\_

Well -or-  Water Co. JCSUD

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given for Johnson County Public Works to enter upon the above described property for the purpose of site evaluation and investigation of an on-site sewage facility.

[Signature]  
(Signature of Owner)

10-19-15  
(Date)

.....

Site Evaluator: KIRK FURVA License No. 050028715  
 Phone No: 8175976041 Other No. \_\_\_\_\_  
 Mailing Address: 6395 RENDON NEW HOPE City FT WORTH State TX Zip 76140  
 Installer: JACKIE DAVENPORT License No. 050000466  
 Phone No: 817-925-5531 Other No. MP0000518  
 Mailing Address: 3951 CR 307 City GRANDVIEW State TX Zip 76050

\*\*\*\*System must be installed according to specifications on attached design\*\*\*\*





JOHNSON COUNTY Department of Public Works

1 North Main Street/Suite 305
Cleburne, Texas 76033 - (817) 556-6380 - Fax (817)-556-6391
development@johnsoncountytexas.org

ON-SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED: [ ] Yes [ ] No If Yes, professional design attached: [ ] Yes [ ] No
Designer Name: KIRK FURQUA License Type and No. RSH#2327
Phone No. 817-597-1204 Other or Fax No. N/A
Mailing Address: 6395 RENDON NEW HOME City: FT WORTH State: TX Zip: 76140

I. TYPE AND SIZE OF PIPING FROM: (Example: 4: SCH 40 PVC)
Stub out to treatment tank: 3" SCH 40 PVC
Treatment tank to disposal system: 3" SCH 40 PVC

II. DAILY WASTEWATER USAGE RATE: Q= 300 (gallons/day)
Water Saving Devices: [x] Yes [ ] No

III. TREATMENT UNIT(S): [x] Septic Tank [ ] Aerobic Unit
A. Tank Dimensions: 6' x 8' Liquid Depth (bottom of tank to outlet): 54"
Size proposed: 1000 GAL (gal) Manufacturer: PREMIER
Material/Model# CONCRETE 1000gal
Pretreatment Tank: [x] Yes [ ] No Size: 500 (gal) [ ] No [ ] NA
Pump/Lift Tank: [ ] Yes [ ] No Size: (gal) [ ] No [ ] NA
B. OTHER [ ] Yes [ ] No If yes, please attach description.

IV. DISPOSAL SYSTEM:
Disposal Type: SOIL ABSORPTION (LATERAL LINES)
Manufacturer and Model PIPE & GRAVEL
Area Proposed: 1500 SQ FT Area Required: 1500 SQ FT

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: Jackie Doughty DATE: 10-19-15



# JOHNSON COUNTY - OSSF SOIL EVALUATION FORM

Date Performed 9-26-15  
 Owner's Name JOE APPLEGATE  
 Physical Address 3912 CR 307 GRANDVIEW TX 76050  
 Site Evaluator KIRK FURVA O.S. Number ASCO 28715  
 Proposed Excavation Depth \_\_\_\_\_

\*At least two soil evaluations must be performed on the site, at opposite ends of the disposal area. Please show the results of each soil evaluation on a separate table. Locations of soil evaluations must be shown on site drawing.

\*For subsurface disposal, soil evaluations must be performed to a depth of at least 2 ft below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

\* Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

Soil Boring Number B-1, 2

Depth Inches	Textural Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
0 12	II			SANDY LOAM
24				
36	III			SANDY CLAY
48				
60				

*Note: A vertical arrow on the left side of the table indicates a depth of 10 inches from the surface to the top of the second horizon (II).*

Soil Boring Number \_\_\_\_\_

Depth Inches	Textural Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
12				
24				
36				
48				
60				


I certify that the above statements are true and are based on my own field observations.

ATTESTED BY: [Signature]  
 Signature \_\_\_\_\_

Site Evaluator No. 050028715

6595 RENDON NEW HOPE RD FT WORTH TX 76140 8175976041  
 Address Phone

The test data and other information on this report is required by Johnson County. The design, construction and installation of each system is based upon specific conditions affecting each lot or tract and must be subsequently approved by Johnson County

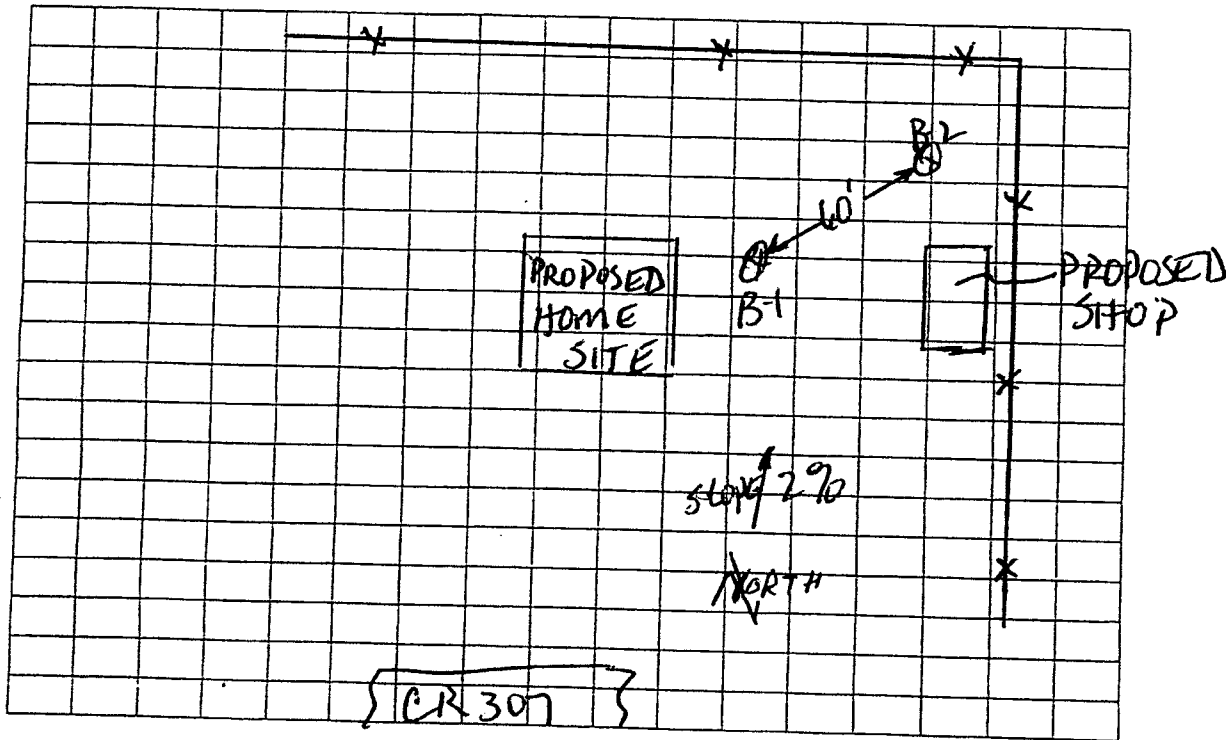
Revised 7/10/2012  
 **COPY**

JOHNSON COUNTY - SITE EVALUATION REPORT

Date 9-28-15  
 Name JOE APPELGATE Phone 817-538-1464  
 Address 3912 CR 307 GRANDVIEW 76058  
 PROPERTY LOCATION  
 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street/Road Address CR 307  
 Additional Information \_\_\_\_\_

SCHMATIC OF LOT OR TRACT

Compass North, adjacent street(s), direction of slope, property lines  
 Location of natural, constructed or proposed drainage ways, water impoundment areas, cut or fill banks, sharp slopes and buildings.  
 Location of existing or proposed water wells.  
 Location of (numbered) soil boring and dug pits (show distance of each hole from property line or other discernible point).



Presence of 100 year flood zone	Yes _____	No <input checked="" type="checkbox"/>
Presence of upper water shed	Yes <input checked="" type="checkbox"/>	No _____
Presence of adjacent ponds, streams, water impoundment area	Yes _____	No <input checked="" type="checkbox"/>
Existing or proposed water well in nearby area	Yes _____	No <input checked="" type="checkbox"/>

Firm Panel # 48251CD325J

ATTESTED BY:  
 Signature [Signature]

Site Evaluator No. 050028715

6395 RENDON NEW HOPE, FT WORTH TX 76140  
 Address

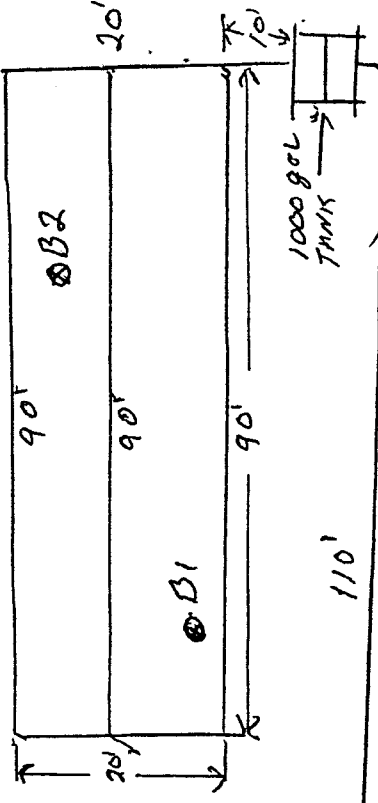
Phone 8175976041

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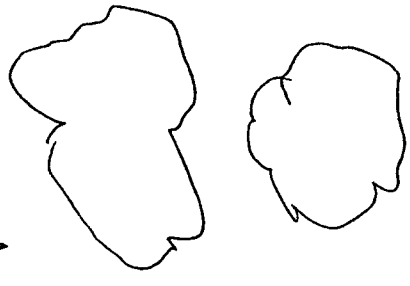
**COPY**  
 Revised 7/10/2012

300 FT X 3'  
LATERAL LINE  
PIPE & GRAVEL



PROPOSED HOME  
1800 SQ FT

PROPOSED SHOP  
500 SQ FT



Joe APPLIGATE  
3912 CR307

DESIGNED BY  
JACKIE DAVENPORT #F050000466  
3951 CR307  
GRANDVIEW TX 76050  
817-925 5531

*Jackie Davenport*

CR307



COPY

10-18-15