

DEC 28 2015

REQUEST FOR AGENDA PLACEMENT FORM Submission Deadline - Tuesday, 12:00 PM before Court Dates							
SUBMITTED BY: David Disheroon TODAY'S DATE: 12/14/2015							
DEPARTMENT:	X <u>Public Works</u>						
SIGNATURE OF DEPARTMENT HE	<u>AD</u> : X						
REQUESTED AGENDA DATE:	X <u>December 28, 2015</u>						
SPECIFIC AGENDA WORDING: Consideration to grant a variance for Lot 14 Block B Phase 5 The Homesteads (9500 Johns Rd, Alvarado) for a 2nd septic system to be placed on a 1.87 acre located in Precinct 3.  PERSON(S) TO PRESENT ITEM: David Disheroon							
SUPPORT MATERIAL: (Must enclose supporting documentation)  TIME: Ten Minutes							
	EXECUTIVE:						
STAFF NOTICE:  COUNTY ATTORNEY: ISS DEPARTMENT: AUDITOR: PURCHASING DEPARTMENT: PERSONNEL: PUBLIC WORKS: DUDGET 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							





DEC 28 2015

### 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 or						
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 MARK B. BROWNE Date 12-11-15						
Contact Information: Phone no						
Cell no. 469-569-5442 Email address marknwork e yAHO. COM						
Property Information for Variance Request:						
Property 911 address 9500 Johns Rd AIVACADO						
Subdivision name Home Steads Ph 5 Block B Lot 14						
Lot size: 1.81 acres Size of existing residence: 2000 sq. ft.						
Does this lot currently have a septic system?    Yes    No System type    CONVENTIONAL						
ETJ: () Yes - City (X) No						
Is a part of the property located in a FEMA designated Floodplain? () Yes () No						
Reason for request <u>DAUGHTER</u> IS MOVING NEW HOME ON						
PROPERTY						
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						

F:/Platting/Variances/Septic System Variance Request App

## **Denied**

Date\_\_\_\_

Office use only

### JOHNSON COUNTY Department of Public Works

1 North Main Street/Suite 305, Cleburne, TX 76033 (1) Volume and American (A) (A) (B) - (B

Application for 'Authorization to Construct' OSSF System

Authorization to Construct Permit #

FIRM Panel #	Precinct
This is to certify that:	has paid a
Fee of: © \$475.00 Aerobic Septic Syst	has paid a cems construction S375.00 All other Septic Systems
waste disposal system – address and of This AUTHORIZATION TO CONSTRUC	egulations of this department for the construction of a private liquid owner listed below. Inspector approval: Sunda Dunlar Date 13-14-15 T is only valid with INSPECTOR APPROVAL and is valid for 1 year from the non-compliance with the rules and regulations of this department
o be completed and signed by Property	/ owner
	BROWNE Ph. # 469-569-5442
	Current mailing address:
egal Description: D Metes and Bounds:	Acreage: <u>/- 87</u>
Recorded deed: Volume	Page Survey Abstractor-
Subdivision: The Homestech	Lot #: 14 Blk #: 3 Phase / Section #: 5.17
	il description such as a copy of: Deed and Survey or other documentation
Type of Home / Building: 5-New	Existing D Site Built G-Manufactured D Bidg. Sq. Ft
Single-Femily # Bdrms 3 D M	ulti-Family # Bdrms C Commercial # Employees
well or www.	
I cartify that the shove statements are ti	rue and correct to the best of my knowledge. Authorization is hereby given in upon the above described property for the purpose of site evaluation and
x Mark Oleman	/2-/8-20/5 (Date)
X. Medical Surface of Owner)	(Date)
	***************************************
Site Evaluator: Mean ASHE	License No. OS ob2297L
Phone No: 254 572 9685	Other No. RS 4185
Meiling Address: 6/68 FM 205	City Steakenstone State Tk Zip 7640/
installer Ledder & Survice	License No
Phone No: 517 - 596 - 9°	729 Other No.
Mailing Address: 1170 Od Oin	most city alodo state TX Zip 76008
-	stalled according to specifications on attached design****
= # = -	



JOHNSON COUNTY Department of Public Works

1 North Main Street/Suite 805
Clebume, Texel 76033 - (817) 556-6880 - Fax (817-656-6891
development@johnsoncountytx.org

### **ON-SITE SEWAGE FACILITY** TECHNICAL INFORMATION FOR PERMIT

PROF	PESSIONAL DESIGN REQUIRED: 15 Yes 12 No Designer Name: VICTOR 15/14 Phone No. 15 y 592 9629	If Yes, professional d License Type and No Other or Fax No.	. RS 4185	er Yes D No	
	Mailing Address: 6165 Fm 205	City: Stephanium	State: 7>-	Zip: 76 Ya	
l.	TYPE AND SIZE OF FIPING FROM: (Example: 4: stub out to treatment tank: 3" Col. 40 Pv c Treatment tank to disposal system: 1" Sov. 40				
11.	DAILY WASTEWATER USAGE RATE: Q= 300 Water Saving Devices: G Yes D No = 24	(galions/day)	= \$750 SQ BO'R SADAY	0.064 Affurd PT RAW INFO = 2827 SQ FT	मह्य भा
m.	TREATMENT UNIT(8): 0 Septic Tenk	Aerobic Unit	× 2 Korans	= 5084 SQ FT	
	A. Tank Dimensional Acade 7X9' Size proposed: Soc 649 670 (gal)* Material/Model# 9 < 00	Uquid Depth (botton Manufacturer: A.C.	nia.	ot 11 <u>67</u> "	
	Pretreatment Tank: 10 Yes Pump/Lift Tank: 10 Yes 0 No 1/ yes, p	Size: <u>ZSO (g</u> el) Size: <u>ZSO (g</u> el) please attach descripti	o No	D NA D NA	
IV.	DISPOSAL SYSTEM: Disposel Type: Seffer Manufacturer and Model L. Bill 74 Ru	s 11003 LA =#1	4 (of some		
	Area Proposed: Sight So FC	Area Required: 33			
٧,	ADDITIONAL INFORMATION: NOTE - THIS INFORMATION MUST BE ATTACHE				
	A. Soil/Site Evaluation S. Planning mi	sterials (if Applicable)	, 🏎		
	OT BESIN CONSTRUCTION PRIOR TO OBTAIN PRUCTION CAN RESULT IN CIVIL AND/OR, AD			JCT. UNAUTHORIZ	ED .
SIGNA	TURE OF INSTALLER OR DESIGNER:	Colle	DATE	12-10-2015	-

	JOHNSON COUNTY	' - OSSF SOIL EVALL	JATION FORM	
Date Performed	12-10-2015			
Owner's Name	MARK BROWNE		-	
Physical Address	9500 Johns Real	2	_	
Site Evaluator (	lictor Ashe		O.S. Number Os	0022974
Proposed Excavati	on Depth NA			
each soli evaluation on a	ions must be performed on the site, at o separate table. Locations of soil evaluat	posite ends of the disposel area.	Please show the results	of .
LOG BRIDGE (CERPORE)	foli systuations must be performed to a	dooth of at least 2 ft below the n	Ng. Mansad avravation deat	. Eas
to and make the field of the BPI I				
depths.	il horizon and identify any restrictive fee	tures in the space provided below	. Draw lines at the appro	opriate
Soli Bo	ring Number /			
Depth		Drainage/Mottles	Restrictive	
Inches	Textural Class	Water Table	Horizon	Comments
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Inches	Textural Class	Water Table		Sammant.
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Percity that the abo ITESTED BY:	ove statements are true and a	re based on my own fiel	d observations,	
gnature/	The (dale)	ølk.	Evaluator No. O.	C 0077.47/
168 My	205, Stephenille.	Lux 76 VOI	254 592	9610
	Address	- Hardington	Pi	none

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 subsequentity approved by Johnson County

Phone

Name 12-10-20 Name 12-10-20 Addies ROOF 21	3. BROWNE	Phone TV	469-569-5442	ميشو محمطيد دا
PROPERTY LOCATIO	N Edward B	Euthorising 1	469-569-5442 La Abratale	onis, pro-
Street/Road Address	900 L1 P	SUDONIBION	4 TP WEEK	- Secretary
Additional informat	ion			رحسموين
Compass North, edicount s	tr <b>en</b> (1). Ornigion of tions, projet	NATIC OF LOT OR TRACT		naderana
Location of exacting of pro-	usted or proposed desines ways, posed water wells. It boring and dug pits (show distan	ce of each hole from property	and the second s	NES:
VICTOR ASHE		184		
A 4185 EO				
2226 SQ ff	500 GAD AMA		38	
N	SOIL TEATHER SITE ! 3% SLUPE	<del>-                                      </del>		
2	r		30'K	
Care And Inla	modes.	NG182		
Seale: ONE INC	1 - 100			
Presence of 100 year floor Presence of upper water E		Yes N	Firm Panel t	****
Presence of ediscent pane	k, streems, water Impoundment a	res yes N	10 1	
Existing or proposed wets	well in nearby area	Yes	10	
ATTESTED BY:	= []	e e	ite firminatar bla 2000 20	8 <b>%</b> ,
Photography and Park	1 AAI	3	ite Evaluator No. as cold	
Signature				
Signature	Steehemille le	a 76401	254 592 820	1-/

The information on this report is required by Johnson Geunty. The design, construction and installation of each system is based upon appetitic conditions affecting each lot or treet and must be subsequently approved by Johnson County.

Revised 7/10/2017

# **Denied**

ctor Ashe, F	S 9500 John's Road	12/10/2015
erobic Treat	ment Design Calculations	
1 Facility	Гуре	SFR
2 Number	Bedrooms	3
3 Square	Footage	2240
4 Flow Ra	te GPD	300
5 Water S	aving Devices Used in Calculation	ons Yes
	te WSD-GPD	240
7 Require	d Aerobic Treatment Capacity G	PD 360
	Aerobic Treatment Capacity GPD	
,	tion Device	Yes
	ank Capacity (Gallons)	750
	ank Controls (Demand or Timer)	Timer
	Pump-On & Alarm-On Gallons	
	Between Inlet & Alarm-On	300
	ank To be Equipped With High V	Vater Alarm Yes
the state of the s	Jtility Pump	Yes
	ProPlus 11003-RCW-LA Rotor	8 2
	Application Rate (Gallons/Squar	
18 Require	d Surface Application Area (Squa	are Feet) 4688
	d Nozzle Radius (Ft)	30
	Area per Nozzle (Sq ft)	2827
Company of the Compan	Throw (Degrees)	360
	r nozzie (sq ft)	2827
	of Nozzies proposed	/ 2.00
A CONTRACT OF THE PARTY OF THE	rface Area (Sq Ft)	5655
		a Kil Toppy William
Total Comment of the		
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#### **AFFIDAVIT TO THE PUBLIC**

# County of Johnson State of Texas

## **Denied**

#### **CERTIFICATION OF OSSF**

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

١.

The Texas Health and Safety Code, Chapter 366 authorizes the Texas Commission on Environmental Quality (TECQ) 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 owners 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 according to 30 Texas Administrative Code 285.91(12) will be installed on the property described as (insert legal description):
LOT 14 BLOCK B HOMESTEADS PHASE
V 5# EHIMOK3183F/B LATRAOSI 1478/9
FLECTED PERSONAL
TOPE IEU PERSONAL
The property is owned by (print owner's full name):  MARK 8. BROWNE
MAKE D. PROGREE
This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.
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 materials for the OSSF can be obtained from JOHNSON COUNTY PUBLIC WORKS.
WITNESS BY HAND(S) ON THISDAY OF2
May Khanret
Owner(s) Signature(s)
Jacobs 2015
SWORN TO AND SURSCRIBED BEFORE ME ON THIS
Notary Public State of Texas  JOAN L RICHARDSON
NOTATV S PRINCED NAME:
My Commission Expires:  STATE OF TEXAS  My Comm. Exp. 07-15-19
/

## **LEDFORD SERVICES**

1170 AIRPORT RD ALEDO, TX 76008 (817) 596-9729 fax (817) 596-3641 kim@aroc.biz

In consideration of prepayment of the inspection contract cost indicated below, Ledford Services agrees to make 6 inspection calls during the service period specified on your Aerobic system located at the address below:

NAME	Mark Brane	PHONE	
ADDRESS	9500 John : Road		***************************************
CITY	9500 John a Roud	ST X ZIP	7609
This contract	is effective from	to	*
1. 2. 3. 4. 5. 6. 5. 6. 1te	ms covered by this contract Check and adjust floats for Visually check quality and Clean filters and aerator sl Visually check operation of Check sludge level of aerob: Suggest to homeowner when syms NOT covered by this contractions of Service calls.	water pump and high wa color of effluent in pu mafts as suggested by m sprinklers. ic plant as conditions ystem needs pumping.	ter alarm. mp tank. anufacturer. suggest.
C. Tim	Labor or materials which are the system, failure to main sewage flows exceeding the i the system, disposal of on-i solvents, grease, oil, pain requirements listed in the of the frame for responding to he	tain electrical power thydraulic/organic designiodegradable materials to etc., or any usage cowner's manual.	o the system, n capabilities of , chemicals,
	hours or less. Lividual certified by the man	nufacturer.	
E. Fre rep wit ins	e attachment AA.  quency of routine maintenance  orting. At least three inspands to the  spections are done.	pection calls spaced at appropriate D.R. and h	4 month intervals
	ponsibility for providing c	_	rcling one of the
	1. Homeowner 2. Ledford Services	ADDITIONAL COST	<b>\$110.00</b>
80	r: Please mail this contract hedule of charges for parts on request.	t & payment back to the and additional service	above address. A
Marl	mature of Owner	Dennis Lell	la Divasion
319	hideard of Omilet	permits neglor	d, prieceor
X) INTTLA	AL TWO YEAR CONTRACT	Date	

#### WARRANTY DEED WITH VENDOR'S LIEN

THE	STATE	OF	TEXAS	)						
				)	KNOW	<b>MLL</b>	KEN	BY	THESE	PRESENTS
COU	TTY OF	JO	enson	)						

That I, Paul Allen Brewer, not joined herein by my wife as no part of this property constitutes that which we own, occupy or claim as our homestead, hereinafter called granter, of the County of Johnson and State of Texas, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) to me paid, and secured to be paid, by Mark B. Browne and wife, Monica W. Browne, hereinafter called grantees, as follows:

- 1. Cash, the receipt and sufficiency of which is hereby acknowledged; and
- 2. By the execution and delivery by grantees of their one certain promissory note of even date herewith in the principal sum of \$10,800.00, payable to the order of Paul Allen Brower, whose address is Noute 2, Nor 532, Burleson, Texas (Sip Code 76028), as therein provided and bearing interest at the rates therein specified and providing for acceleration of maturity in event of default and for attorney's fees,

have Granted, Sold and Conveyed, and by these presents do Grant, Sell and Convey unto the said grantess, whose address is 3508 Willowood Circle, Arlington, Texas (Zip Code 76015) of the County of Johnson and State of Texas all that certain lot, tract or parcel of land lying and being situated in Johnson County, Texas, and described as follows, to-wit:

Surface only of Lot 14, Block B, THE HOMESTRADS, PRASE FIVE, an addition in Johnson County, Texas, according to the plat recorded in Volume 6, Page 176, Plat Records, Johnson County, Tores.

This conveyance is made and accepted subject to any and all conditions and restrictions, if any, relating to the herein described real property, to the extent and only to the extent, that the same may still be in force and effect, shown of record in the office of the Johnson County Clerk.

TO HAVE AND TO MOLD the above described premises, together with all and singular the rights and appurtenances thereto in anywise belonging unto the said grantees; their heirs and assigns forever; and I do hereby bind myself; my heirs, executors, successors, representatives, and assigns, to Warrant and Forever Defend, all and singular the said premises unto the said greates; their heirs and assigns, against every person whomsoever lawfully claiming or to claim the same, or any part thereof.

But it is expressly agreed that the Vendor's Lien, as well as the Superior Title in and to the above described premises is retained against the above described property, premises and improvements until the above described note, and all interest thereon has been fully paid according to its face and tenor, effect and reading thereof, when this deed shall become absolute.

WITHESS OUR HANDS on this 1st day of March, 1995.

THE STATE OF TEXAS

COUNTY OF JOHNSON

day of March, 1905, by This instrument was acknowledged before me on the

9

Paul Allen Brower.

Shella B. Pries, Not ...

Shelle B. Pries, Notice is a in and for The State is an in Commission Excited in the incident Commission Exri

???**??????** 

of Toxas

AFTER RECORDING, RETURN TO:

Mr. and Mrs. Hark B. Browne 3508 Willowood Circle Arlington, Texas 76015

# BK1854P60264 Denied

WARNING -- THIS IS PART OF THE OFFICIAL RECORD -- DO NOT DESTROY

ANY PROVISION HEREIN WHICH RESTRICTS THE SALE, RENTAL. OR USE OF THE DE-SCRIBED REAL PROPERTY BECAUSE OF COLOR OR RACE IS INVALID AND UNEN-FORCEABLE UNDER FEDERAL LAW.

MAR 0 3 1995

STATE OF TEXAS COUNTY OF JOHNSON

I hereby cartify that this instrument was FILED on the date and at the time stamped hereen by me and was duly RECORDED in the OPFICIAL PUBLIC RECORDS OF JOHNSON COUNTY, TEXAS in the Volume and Page 29.

Shown hereen.

COUNTY CLERK

JOHNSON COUNTY, TEXAS

