

Variance Request

If you wish to request a variance from Johnson County Commissioner's Court for your property please include the following information.

Owner Jefferson Spillers III Date 10-5-17

Contact Information:

Phone no. _____ cell no. 817.996.7009

Email address trey@tnt-builders.com

Property Information for Variance Request:
↑ Hyphen

Property 911 address 505 W CR 714 Burleson TX 76028

Subdivision name Megan Estates Block 1 Lot 2R

Survey _____ Abstract _____ Acreage 2.5

Reason for request Connect Home + Shop Building with half Bath

to single septic system, 1/2 bath in shop for personal home office use only. Shop has recently been built, home will be built soon.

You will need a survey showing the reason for the request (such as a building over the building lot line).

This request will be presented in Commissioner's Court for their decision.

PAID

Johnson County Public Works

Johnson County Public Works

1 North Main Street, Suite 305

Cleburne, TX 76033 (817) 556-6380

Receipt Number: 2017-1203

10/5/2017 11:52 AM CG 1

Descriptions:

1. **\$100.00 Variance Request**

2.

3.

4.

Received From:

Spillers III, Jefferson "Trey"

Amount Received:

\$100.00

Payment Information:

Check #117

Permit

D16792

Previously receipted to incorrect Address

Signature / Initials:

CG 1 10/5/2017 11:52 AM



JOHNSON COUNTY Department of Public Works

1 North Main Street/Suite 305, Cleburne, TX 76033
development@johnsoncountytx.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 10.5.17
 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: Jefferson Spillers III Ph. # 817 996 7009
 911 site address: 101 LACE LN 505 W CR 714 Current mailing address: 501 W CR 714 101 LACE LN

Legal Description: Metes and Bounds: Acreage: _____
 Recorded deed: Volume _____ Page _____ Survey _____ Abstract _____ -or-
 Subdivision: Megan Estates Lot #: 2R Blk #: #1 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. 2900
 Single-Family # Bdrms 3 Multi-Family # Bdrms _____ Commercial # Employees _____
 Well -or- Water Co. Bethesda

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) 10-5-17 _____ (Date)

Site Evaluator: KIRK FUQUA License No. 050028715
 Phone No: 8175976041 Other No. _____
 Mailing Address: 6395 RENDON NEW HOME CITY FT WORTH State TX Zip 76140
 Installer: JACKIE DAVANPORT License No. 050000466
 Phone No: 817-925-5531 Other No. _____
 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: [X] Yes [] No If Yes, professional design attached: [X] Yes [] No

Designer Name: KRY FUDWA License Type and No. RST# 2327
Phone No. 817-592-6041 Other or Fax No.
Mailing Address: 6315 RENDON NEW City: FW State: TX Zip: 76140

I. TYPE AND SIZE OF PIPING FROM: (Example: 4" SCH 40 PVC)

Stub out to treatment tank: 3" SCH 40
Treatment tank to disposal system: 1" SCH 40

II. DAILY WASTEWATER USAGE RATE: [X] 300 (gallons/day)

Water Saving Devices: [X] Yes [] No

III. TREATMENT UNIT(S): [] Septic Tank [X] Aerobic Unit

A. Tank Dimensions: 6' x 6' x 14' Liquid Depth (bottom of tank to outlet): 60
Size proposed: 500 (gal) Manufacturer: TURNER
Material/Model# Concrete 4075
Pretreatment Tank: [X] Yes Size: 400 (gal) [] No [] NA
Pump/Eject Tank: [X] Yes Size: 750 (gal) [] No [] NA
B. OTHER [] Yes [] No if yes, please attach description:

IV. DISPOSAL SYSTEM:

Disposal Type: SURFACE APPLICATION
Manufacturer and Model: CAJON AIR 40875
Area Proposed: 5652 Area Required: 4688

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: [Signature] DATE: 4-5-17

JOHNSON COUNTY - OSSF SOIL EVALUATION FORM

Date Performed 4-5-17
 Owner's Name Trey Spiller
 Physical Address 505 Kirk 714
 Site Evaluator KIRK FUGA O.S. Number 050028715

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
12				No Restrictive Features
24				
36				
48				
60				

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] Site Evaluator No. 050028715
 Signature _____
6395 RENDON NEW HOPE RD FT WORTH TX 76140 8175976041
 Address Phone

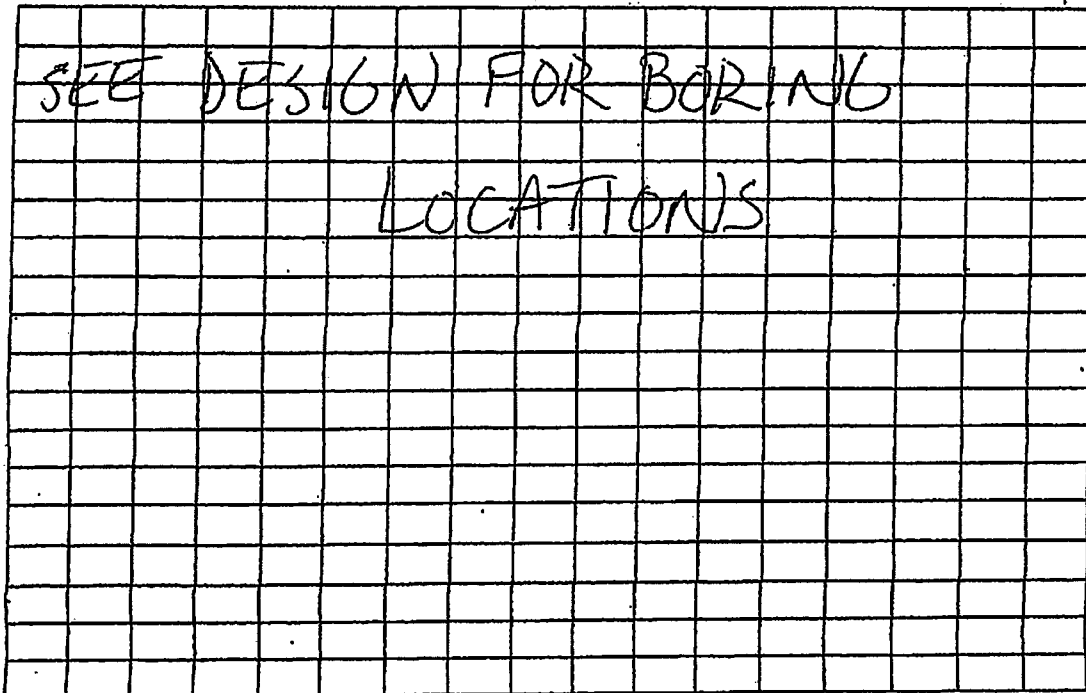
The test data and other information on this report is required by Johnson County. The design, construction and installation of each system is based upon specific conditions affecting each lot or tract and must be subsequently approved by Johnson County

SITE EVALUATION REPORT

Date 4-5-17
 Name TREY SPILLER Phone _____
 Address _____
 PROPERTY LOCATION
 Lot _____ Block _____ Subdivision _____
 Street/Road Address 505 CR 714
 Additional Information _____

SCHEMATIC 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 Firm Panel # _____
 Presence of upper watershed Yes No
 Presence of adjacent ponds, streams, water impoundment area Yes No
 Existing or proposed water well in nearby area Yes No

ATTESTED BY: _____
 Signature [Signature] Site Evaluator No. 050028715

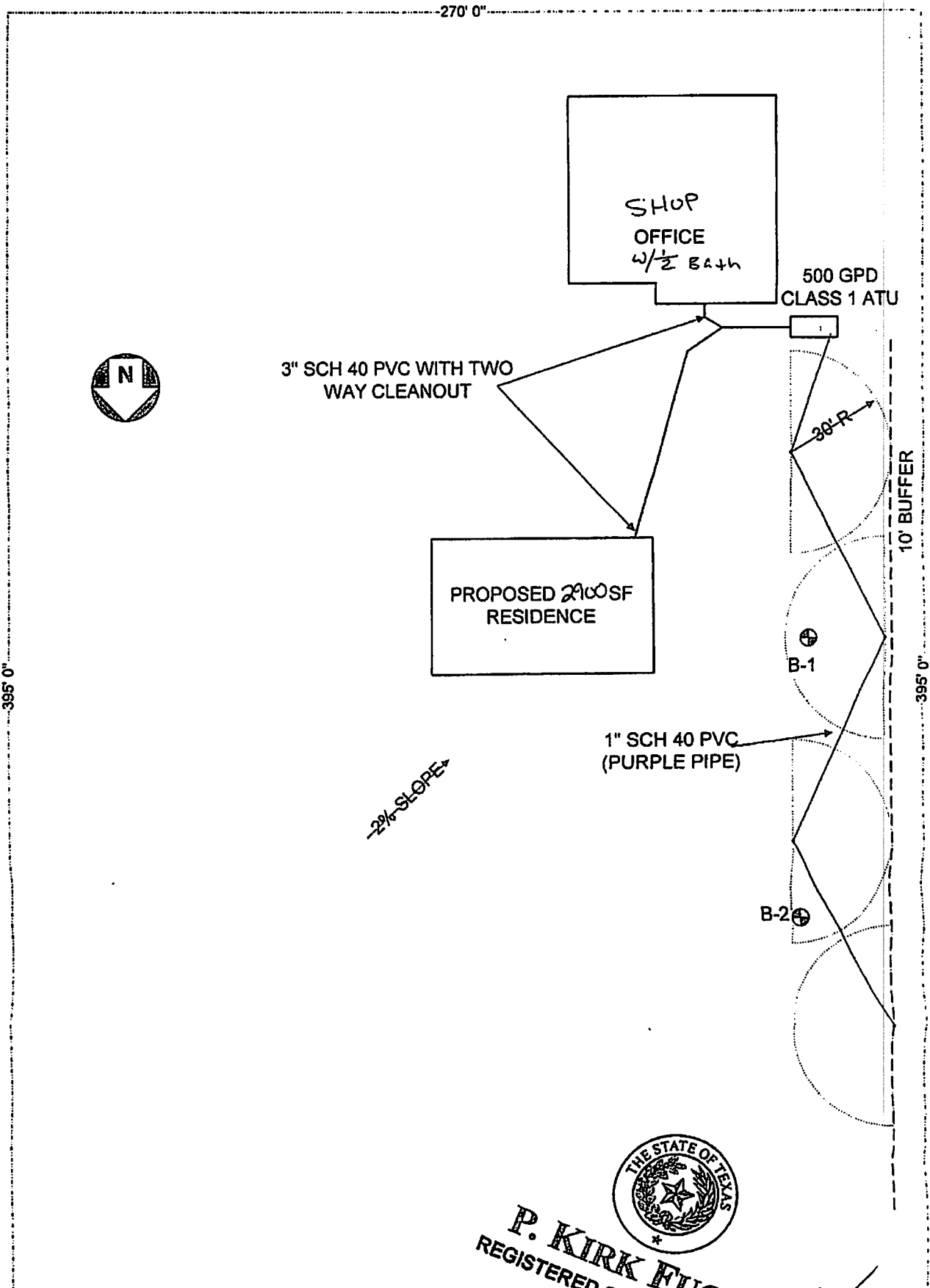
6395 RENDON NEW HOPE, FT WORTH TX 76140 8175976041
 Address Phone

The 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

4/5/17
505 W CR 714
TREY SPILLER

Burleson TX 76028



April 4, 2017

To: Trey Spiller
From: Kirk Fuqua, R.S.
Re: OSSF Design, Surface Application System for 505 CR 714

The following design document is based upon the Texas Commission on Environmental Quality's (TCEQ), "On-Site Sewage Facility Rules Compilation", Title 30, TAC Chapter 285, effective December 27, 2012. This report should be submitted to the appropriate Authorized Agent for review and approval prior to system installation.

DESIGN PARAMETERS:

Estimated Daily Flow:	300 gallons per day
Loading Rate:	.064 gallons/square foot /day
Coverage Area Required:	4688 square feet
Coverage Area Proposed:	5652 square feet
Primary Clarifier Capacity:	500 gallons
Aeration Unit Capacity:	500 gallons
Pump Tank Capacity:	750 gallons
Reserve Capacity Required:	100 gallons
Timer Required:	YES

SITE EVALUATION AND STRUCTURE:

This design is for an 3500 square foot residence with four bedrooms. No additional water usage was added for the office since it will be used for mostly for storage with occasionally one person present. The slope is less than 15% in the disposal area. Therefore, this site should be suitable for a surface application system. Water saving fixtures will be used.

TREATMENT UNIT:

Secondary treatment of effluent shall meet the requirements of an NSF approved, Class 1 aerobic treatment unit. To prevent unauthorized access to OSSF's a secondary cap, plug, or other suitable restraint system shall be provided below the riser cap to prevent tank entry if the cap is unknowingly damaged or removed (30 TAC Chapter 285.38). Following secondary treatment, the effluent shall be disinfected by means of chlorine contact. This tertiary treatment shall maintain a chlorine residual of at lease one part per million (1.0). The disinfection equipment must be approved by the National Sanitation Foundation (NSF) International or by an ANSI accredited institution under ANSI / NSF Standard 46 (30 TAC Chapter 285.33).

PIPE AND FITTINGS:

Schedule 40 PVC pipe will be used in this installation. One inch or .75 inch purple PVC shall be used for the supply line to the sprinkler heads. The lines must be a minimum of 12 inches deep to prevent freezing.

PUMP, FLOAT CONTROLS AND ALARM SYSTEM:



P. KIRK FUQUA
REGISTERED SANITARIAN #2327

A commercial irrigation timer is required on this installation. The timer shall be set to spray between midnight and 5:00 a.m. There shall be at least one day of storage between the alarm-on level and the pump-on level, and a storage volume of one-third the daily flow between the alarm-on level and the inlet to the pump tank.

Pump controls will include a manual override to turn off the system in case of an emergency. A mercury float switch on a separate circuit from the pump is also necessary for all pump applications. A visual and audible alarm will be required. The reserve capacity will be 100 gallons in the pump tank. All electrical connections will be made outside the liquid chambers.

SPRINKLER HEADS:

Maxi Paw, low angle (non-aerosol) heads or equivalent are to be used. Heads placed at an elevation higher than the pump tank will be equipped with check valves in order to prevent effluent return to the tank. An anti-siphon device will be added to the supply line if heads are lower than the pump tank.

LANDSCAPE PLAN:

Native vegetation in the form of grasses and trees are existing in the disposal area. Effluent must not be applied to gardens or fruit orchards.

MAINTENANCE REQUIREMENTS:

The system must be serviced a minimum of once every four months for the first two years by a valid maintenance provider. Accumulation of grease and other non-biodegradable waste should be closely monitored. Avoid the use of caustic or abrasive cleansers. Do not allow water softener residue to drain into the tanks.

If I can be on any future service, please contact me at 817-597-6041.

Sincerely,



P. Kirk Fuqua
Registered Sanitarian#2327
6395 Rendon New Hope Road
Fort Worth, TX 76140



P. KIRK FUQUA
REGISTERED SANITARIAN #2327