



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 / structures 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 R & A Inc Raoul Karbasi Date 11-28-17
Contact Information: Phone no. 915 240-4701
Cell no. _____ Email address rkarbasi1@yahoo.

Property Information for Variance Request:

Property 911 address 8330 7-C/D E. Hwy 67, Alvarado, Tx 76009
Subdivision name R & A Industrial Park Block 1 Lot 1
Lot size: 33 acres Size of existing residence: _____ sq. ft.

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

ETJ: Yes - City Alvarado No

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

Reason for request _____

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/Variations/Septic System Variance Request App



JOHNSON COUNTY PUBLIC WORKS

2 North Mill Street/Suite 305, Cleburne, TX 76033
development@johnsoncountytexas.org (817) 556-6380

Application for 'Authorization to Construct' OSSF System

Office use only Precinct _____

Authorization to Construct Permit # _____ Firm Panel _____

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 12.4.17

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: BEA Inc Phone number: 915 240 4701

911 site address: 8350 J.C.D. E Hwy 67 Alvarado TX

Current mailing address: 1625 Fair Oaks Ct Westlake TX 76262

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

Legal Description: Metes and Bounds Acreage: 33

Recorded deed: Volume Page Survey Abstract 49

-OR- Subdivision: Rm Billingsley Lot #: Blk #: Phase / Section #:

Well Water or Water provider _____

Is this Building: choose one New or Existing

choose one Site Built or Manufactured/Mobile Home Building Square Feet: _____

choose one Single Family # Bedrooms _____ or Multi-Family # Bedrooms _____

Commercial # Employees 4

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] _____ 11-28-17 _____
(Signature of Owner) (Date)

Site Evaluator: Doyle Culp License No. 6470

Phone No: 817 292 2342 Other No. _____

Mailing Address: P.O. Box 986 City Crowley State TX Zip 76036

Installer: Jonathan Salazar License No. 050030096

Phone No: 817 896 2696 Other No. _____

Mailing Address: 1600 CR 404 City Alvarado State TX Zip 76009

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



Johnson County Public Works Department

1 North Main Street, Suite 305
Cleburne, Texas 76033
817-556-6380 Fax: 817-556-6391

Septic Permit Application Checklist

Items that do not have a check must be provided to complete the approval process for your Septic Permit. Please note if customer will send any missing documents.

Property Owner: R + A Inc

Site Address: 8330 (or 1) E Hwy 67

Acreage: _____

Variance Required: yes no

- Septic Application _____
- Technical Sheet _____
- Soil Test _____
- Site Sheet _____
- Drawing _____
- Spec Sheets _____

Inspector will determine if necessary:

- Affidavit _____
- Maintenance Contract _____
- Other _____

If no existing development permits:

- Filed Deed _____
- Survey or Plat _____

Application was: brought in e-mailed Date: 12-01-17



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: Doyle Culp License Type and No. 2949 RS
Phone No. 817-297-2342 Other or Fax No. 817-297-2100
Mailing Address: PO 986 City: Cleburne State: TX Zip: 76033

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

Stub out to treatment tank: 3" PVC SCH 40
Treatment tank to disposal system: 4" 1/2" PVC

II. DAILY WASTEWATER USAGE RATE: Q = 384 (gallons/day) 192 w/s bldgs for 2 Bldgs
Water Saving Devices: Yes No

III. TREATMENT UNIT(S): Septic Tank Aerobic Unit 2 UNITS

A. Tank Dimensions: 11' x 5' x 8' 5" Liquid Depth (bottom of tank to outlet): 37"
Size proposed: 500 EA (gal) Manufacturer: Nuwater
Material/Model# Nuwater 500 GPD
Pretreatment Tank: Yes No Size: 500 (gal) No NA
Pump/Lift Tank: Yes No Size: 750 (gal) No NA
B. OTHER Yes No If yes, please attach description.

IV. DISPOSAL SYSTEM:

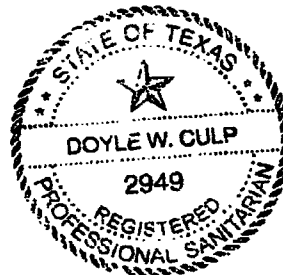
Disposal Type: sprinkler
Manufacturer and Model: Nuwater 500 GPD
Area Proposed: 785 sq ft Area Required: 6000 sq ft

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: Doyle W. Culp DATE: 11/16/17



JOHNSON COUNTY - OSSF SOIL EVALUATION FORM

Date Performed 11/10/12
 Owner's Name B.E.H. Inc
 Physical Address 8330 W. C.D. HWY E 67 PALMAREDO TX
 Site Evaluator Doyle Culp O.S. Number 6470

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.

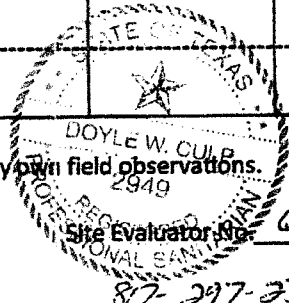
Soil Boring Number B1

Depth Inches	Textural Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
= <u>12</u>				
= <u>24</u>	Clay TE	N/A	yes	unsuitable
= <u>36</u>				
= <u>48</u>				
= <u>60</u>				

Soil Boring Number B2

Depth Inches	Textural Class	Drainage/Mottles: Water Table	Restrictive Horizon	Comments
= <u>12</u>				
= <u>24</u>	Clay TE	N/A	yes	unsuitable
= <u>36</u>				
= <u>48</u>				
= <u>60</u>				

I certify that the above statements are true and are based on my own field observations.
 ATTESTED BY:
 Signature Doyle W. Culp
P.O. 986 Crowley TX
 Address



Site Evaluator No. 6470
87-297-3342
 Phone

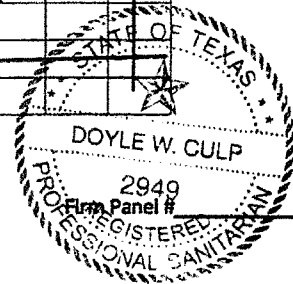
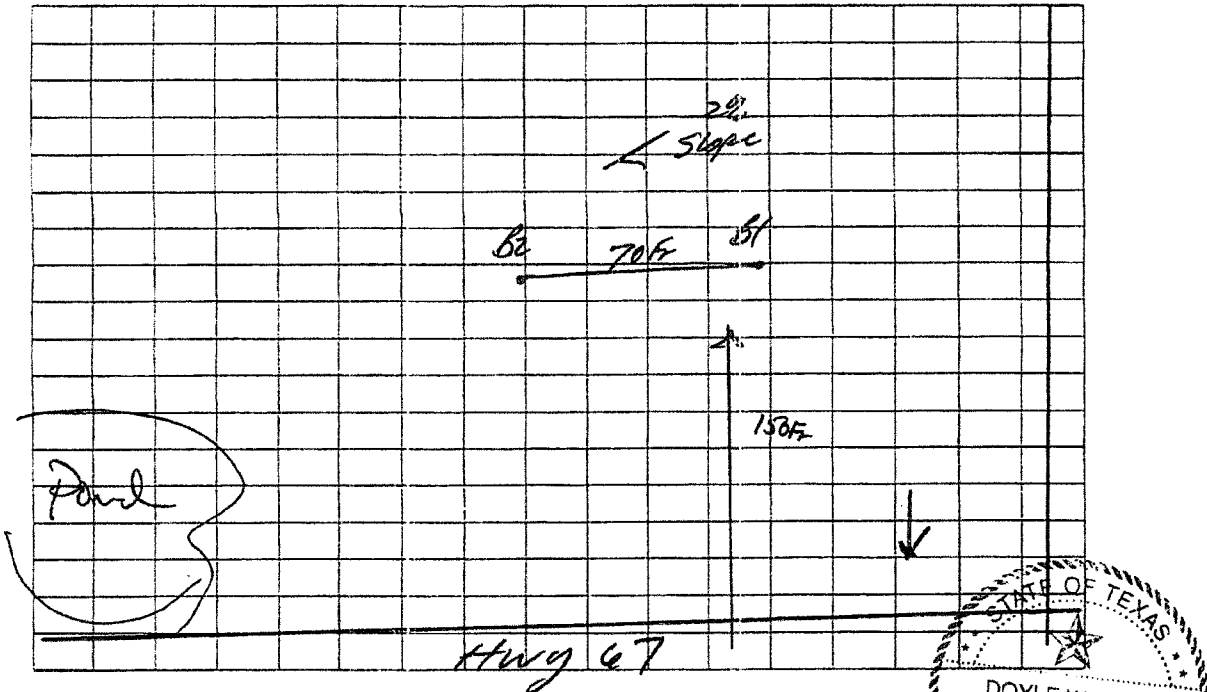
The test data and other information on this report is required by Johnson County. The design, construction and installation of each system is based upon specific conditions affecting each lot or tract and must be subsequently approved by Johnson County

JOHNSON COUNTY - SITE EVALUATION REPORT

Date 11/10/17
 Name K.E. A. Inc Phone 915 240 4701
 Address 8330 S.C.D. E Hwy 67
 PROPERTY LOCATION
 Lot Block Subdivision RM Billingsley
 Street/Road Address 8320 Hwy E 67 C.D. Alvarado, TX
 Additional Information 33 Acres

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 <u> </u>	No <u>X</u>
Presence of upper water shed	Yes <u> </u>	No <u>X</u>
Presence of adjacent ponds, streams, water impoundment area	Yes <u> </u>	No <u>X</u>
Existing or proposed water well in nearby area	Yes <u> </u>	No <u>X</u>

ATTESTED BY:
 Signature Doyle W. Culp

Site Evaluator No. 6470

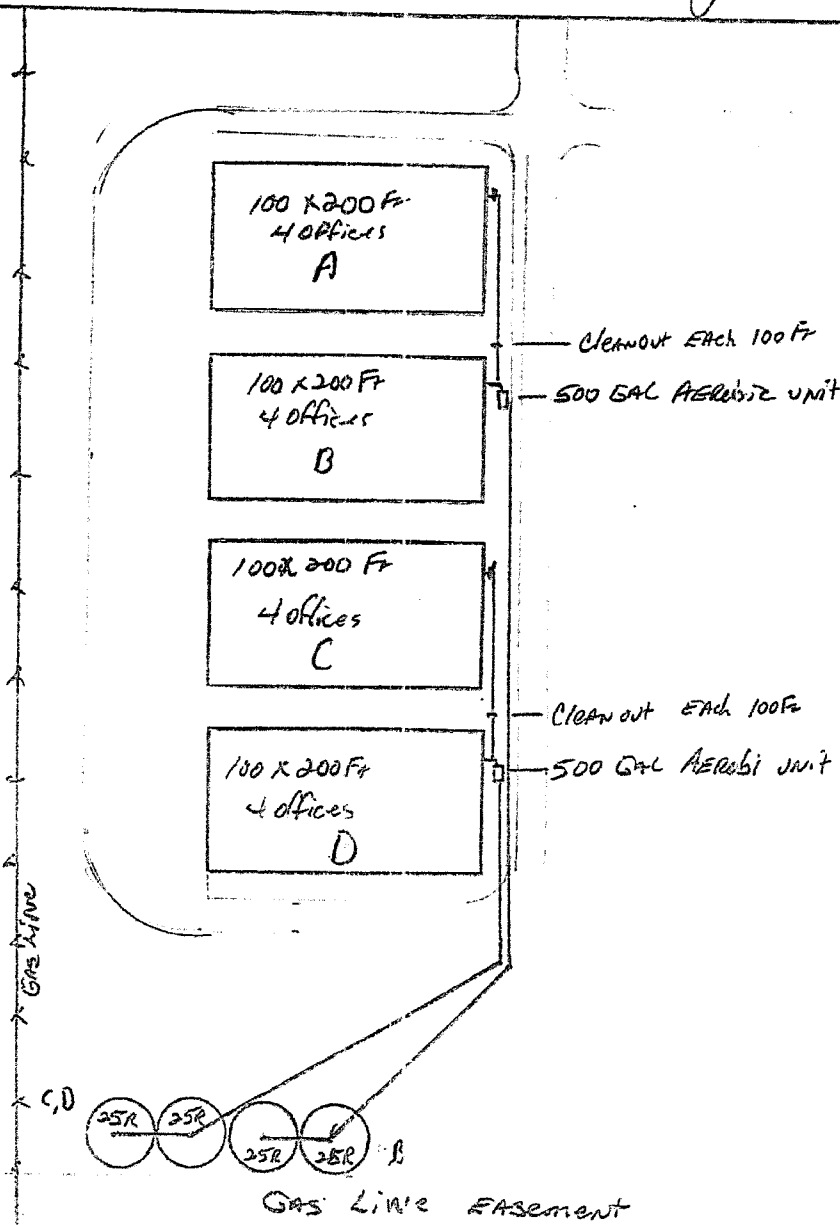
Po 984 Crisples TX
 Address

877-397-2342
 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

E Hwy 67



R. A. Industrial Park
 8330 E Hwy 67
 Alvarado TX
 4 people each Bldg

4 people x 2 Bldg = 8 People
 8 people x 12 gals per shift = 96 gals
 96 x 2 = 192 gals

192 gals/w/s / .64 = 3000 sq Ft each Aerobic unit
 Design = 3926 sq Ft EACH Aerobic unit

11/28/17
 Doyle W. Culp

 1 to 120

November 29, 2017

SPRAYFIELD DESIGN

PREPARED FOR:

NAME: R.A. INDUSTRIAL PARK Part CD
ADDRESS: 8330 CD Hwy 67 Alvarado, Texas
LEGAL: 1/1 Johnson County Texas
INSTALLER: Jonathan Salazar # 30916

DESIGN PARAMETERS:

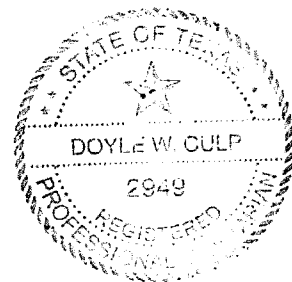
ESTIMATED FLOW: 192 Gals (4 people x 2 bldgs x 12 Gals x 2 shifts= 192
LOADING RATE: .064
AREA REQUIRED: 3000 Sq FT.
AREA DESIGN: 3926 Sq Ft.

SYSTEM PARAMETERS:

PRETREATMENT TANK: 500 Gallon
AERATION TANK: 500 Gallon Aerobic Unit
PUMP TANK: 500 Gallon
SPRINKLER AREA: 2- 25 Ft. Radius Full Circle 1963 Sq. Ft. Each
Total 3926 Sq. Ft.
PUMP SPECIFICATION: 1/2 H.P.
CHLORINATOR: Yes - 285.91 (4) ANSI / NSF Approved
WATER SUPPLY: Co-Op Water
VEGETATION COVER: Sprayfield areas to be sod in all season grasses

PREPARED BY:

Doyle Culp R.S. 2949
PO Box 986
Crowley, Texas 76036
(817) 297-2342



ON-SITE EVALUATION

DESIGN CALCULATIONS

Using the formula : $\text{GPD} = \text{Total Square Feet} \times \text{App. Rate}$

Required Area : $192 \text{ W/s} / .064 = 3000 \text{ Sq. Ft.}$

Designed Area : 3926 Sq. Ft.

SYSTEM LAYOUT

Discharge from each 2 buildings will flow by gravity (1/8 inch fall per foot minimum) to a 500 gallon pretreatment tank then to a 500 gallon Aerobic Unit via a PVC pipe. A clean out will be 3 Ft. within the building and every 100 Ft. if needed.

The clear effluent from the 500 gallon Aerobic Unit will discharge through a tablet chlorinator into a 500 gallon dosing tank. The chlorinated effluent will pass through a 1/2 horse power pump to 2 sprinkler heads of 25 feet radius supplied via a one inch purple pressure rated line. The sprinkler heads will be a low angle nozzle 13 degrees or less shall be used to keep spray low and to reduce aerosol. All sprayed area will be covered in grasses or trees, or prepared for seeding of grasses. Risers must be fitted with removable watertight caps and protected against unauthorized intrusions. All installers to abide by the section (285.38)

The area around the tanks should be protected by a fence to prevent damage by vehicles to the On-Site Sewage Facility.

PUMP TANK

The pump tank volume will be 500 gallon minimum. In the event of pump failure a total volume of 195 gallons will be left exceeding the 1/3 flow above the alarm. The tank shall be provided with as audio and visual high water alarm. All electrical wiring shall be in accordance with the most recent edition of the National Electrical Code. When sprinklers are used as the application method, the maximum inlet pressure shall be 40 pounds per square inch.

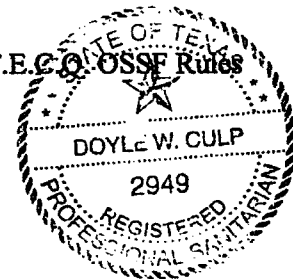
VARIANCES

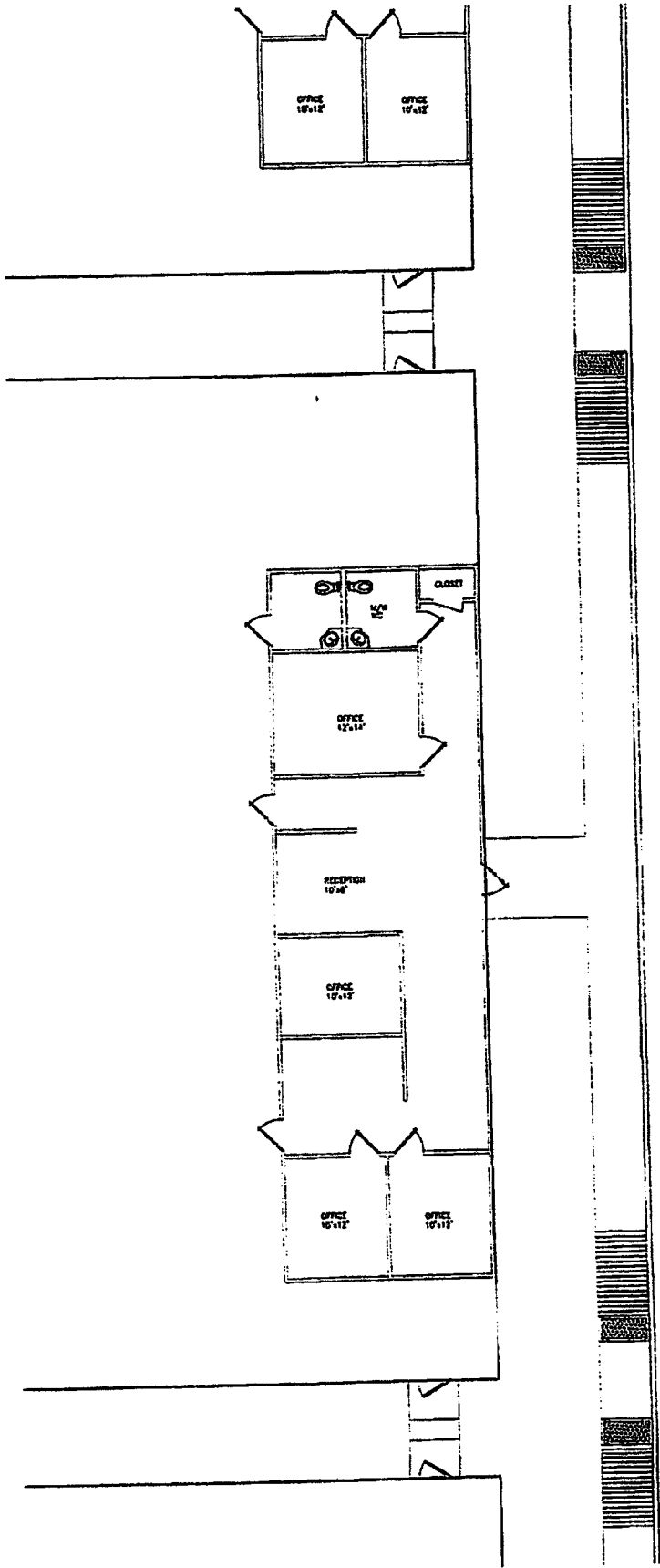
No variances are requested with any part of this system. Any changes in proposed system must be approved by the permitting authority.

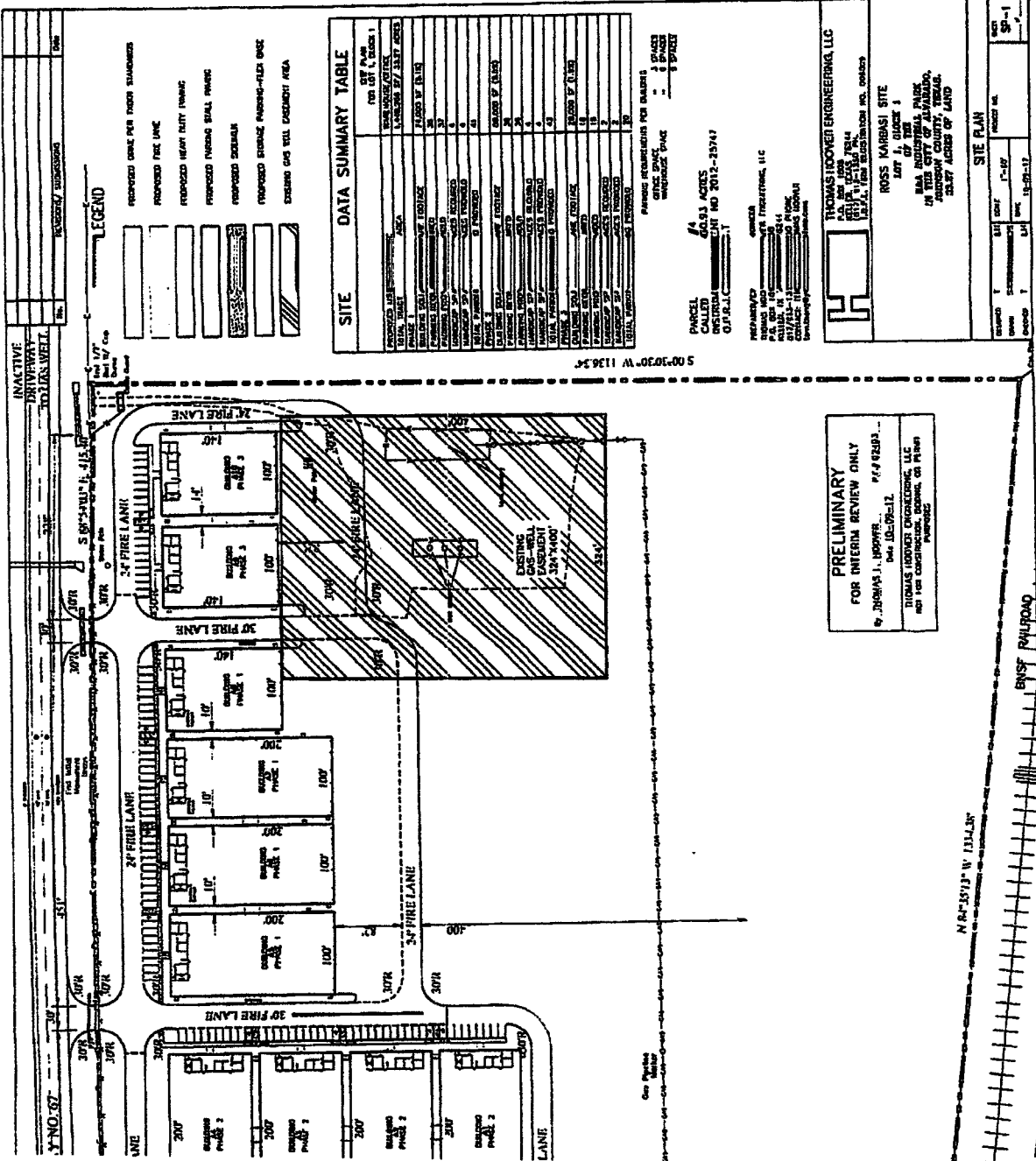
A timer will be installed if any spray area is within 20 feet of property line. For night time distribution.

Maintenance:

The Maintenance Company shall inspect the system as directed T.E.C.O. OSSF Rules Revised March 2013, Sec. 285.7 Table IV.







INACTIVE DRIVEWAY	100
TOILETS/WELL	100
RESEARCH/STORAGE	100

LEGEND

[Symbol]	PROPOSED WORK PER OTHER STANDARDS
[Symbol]	PROPOSED FIRE LANE
[Symbol]	PROPOSED HEAVY DUTY DRIVE
[Symbol]	PROPOSED INSIDE WALL MARK
[Symbol]	PROPOSED SIDEWALK
[Symbol]	PROPOSED STORAGE MARKING-FIELD SPACE
[Symbol]	EXISTING GAS TELL EXEMPT AREA

SITE DATA SUMMARY TABLE

PROPOSED USE	AREA	TOTAL AREA	PER LOT (TRUCK 1)
RESEARCH/STORAGE	100	100	100
INACTIVE DRIVEWAY	100	100	100
TOILETS/WELL	100	100	100
PROPOSED FIRE LANE	100	100	100
PROPOSED HEAVY DUTY DRIVE	100	100	100
PROPOSED INSIDE WALL MARK	100	100	100
PROPOSED SIDEWALK	100	100	100
PROPOSED STORAGE MARKING-FIELD SPACE	100	100	100
EXISTING GAS TELL EXEMPT AREA	100	100	100

PARCEL CALLER
 60.93 ACRES
 100' x 100' x 100' x 100'
 01-12-25747
 O.P.R.I.C.

THOMAS HOOPER ENGINEERING, LLC
 100' x 100' x 100' x 100'
 01-12-25747
 01-12-25747

SITE PLAN

DATE	1-1-17	PROJECT NO.	SP-1
SCALE	1"=100'		
DATE	12-29-17		

PRELIMINARY
 FOR INTERIM REVIEW ONLY
 © JOSHUA J. HOOPER P.E. 01-12-25747
 THOMAS HOOPER ENGINEERING, LLC
 100' x 100' x 100' x 100'
 01-12-25747

ANNUAL MAINTENANCE AGREEMENT Provided by Dee Scarbro AEROBIC MAINTENANCE PROVIDER, MP 000804

CONTRACT BEGIN DATE: 11/27/17
CUSTOMER NUMBER: _____

ENDING DATE: 12/15/18

R & A, INC
8330 - C, D, E Hwy 67
ALVARADO, TX 76009

INSTALLER: J SALAZAR

GATE CODE OR ENTRY INFO: _____
PHONE: _____ CELL: _____ WORK: _____
EMAIL: _____

CHOOSE YOUR PLAN:

- BASIC PLAN – 3 service calls (every 4 months) no chlorine\$120 1-year or \$210 2-years
 - STAR PLAN – 3 service calls (every 4 months) with chlorine.....\$160 1-year or \$290 2-years
 - PLATINUM PLAN – 6 service calls (every 2 months) with chlorine & warranty parts...\$550 1-year or \$50 monthly
- *****call us if you would like to discuss a monthly billing plan

In consideration of pre-payment, an AGREEMENT is entered this day by and between the parties signed hereto for the testing and reports of the aerobic system installed on the property detailed above under the following terms:

THIS AGREEMENT INCLUDES THE FOLLOWING:

- Three (3) service calls annually performed every four (4) months which includes the inspection of the mechanical/electrical components of the treatment system for proper function and application.
- A visual inspection of all the pumps, switches, control panel, circuitry, tank contents and spray rotors.
- The compressor output shall be measured for flow and pressure.
- A sludge measurement shall be determined. If the levels warrant the need for pumping of solids the OWNER shall bear responsibility to arrange with a local pumping company and bears all associated costs.
- An effluent sample shall be tested for Chlorine residuals and PH levels. The OWNER is responsible to maintain a constant supply of tablets to the dosing tank at all times.
- The OWNER shall be notified in writing of all necessary repairs and shall bear the responsibility to schedule appointment for repairs and shall bear any associated costs.
- The SERVICE COMPANY shall respond to any calls within 48 hours weekdays only.

THIS AGREEMENT DOES NOT INCLUDE: THE FOLLOWING:

- Pumping of sludge/solids.
- Chlorine tablets other than the tablets added on each visit once every 4 months (if paid extra as noted above).

VIOLATIONS OF THIS AGREEMENT:

- Non-payment of any nature by OWNER.
- Failure of OWNER to respond to requests for safe entry or repair notices.
- OWNER failure to maintain constant electrical supply to treatment system; overloading system above it's rated capacity by laundry, external flooding or drainage.
- Damage of any component by acts of nature, abuse or loading of chemicals, garbage disposal, water softener discharge or A/C discharge lines or the use of excess paper products or foreign objects not normally found in domestic wastewater.

Upon execution of this agreement all parties agree mutually to the covenants and conditions contained herein. NO REFUNDS will be provided at any time.

AGREED: _____, OWNER
AGREED: _____, D. Scarbro, MP

SIGN AND RETURN THE CONTRACT ALONG WITH YOUR PAYMENT – PLEASE MAKE A COPY FOR YOUR FILES.
MAIL TO: D. SCARBRO / Circle S Backhoe @ PO BOX 485, RIO VISTA, TX 76093 OR 385 HCR 1418, GRANDVIEW, TX 76050
CREDIT CARD PAYMENT:

NUMBER: _____ EXP DATE: _____
CARD BILLING ADDRESS AND ZIP: _____

Johnson County
Becky Ivey
County Clerk
Cleburne 76033

COPY



70 2017 00029421

Instrument Number: 2017-29421

Recorded On: November 28, 2017

As
Affidavit

Parties:

To

Billable Pages: 1

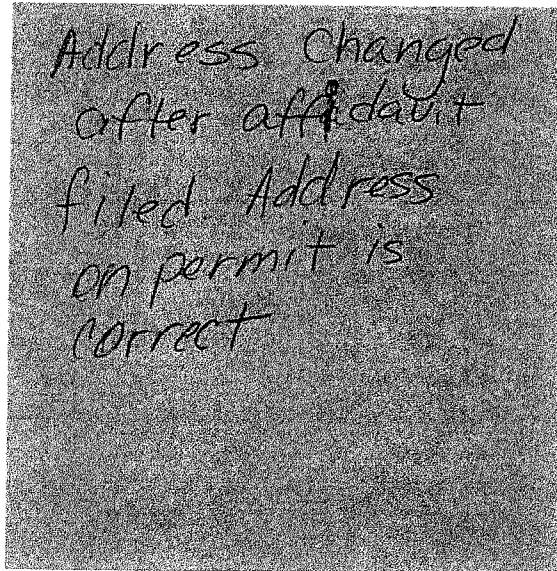
Number of Pages: 2

Comment:

(Parties listed above are for Clerks reference only)

** Examined and Charged as Follows: **

Affidavit	26.00
Total Recording:	26.00



***** DO NOT REMOVE. THIS PAGE IS PART OF THE INSTRUMENT *****

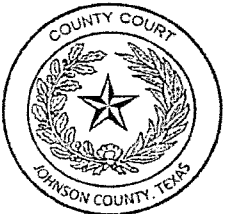
Any provision herein which restricts the Sale, Rental or use of the described REAL PROPERTY because of color or race is invalid and unenforceable under federal law.

File Information:

Document Number: 2017-29421
Receipt Number: 113684
Recorded Date/Time: November 28, 2017 10:55:41A
User / Station: L Bailey - CCL30

Record and Return To:

R AND A INC
1625 FAIR OAKS COURT
CK
WESTLAKE TX 76262-8224



I hereby certify that this instrument was filed on the date and time stamped hereon and was duly recorded in the Volume and Page of the named records in Johnson County, Texas.

Any provision herein which restricts the sale, rental or use of the described Real Estate because of color race is invalid and unenforceable under Federal law.

Becky Ivey
BECKY IVEY, COUNTY CLERK
JOHNSON COUNTY, TEXAS

