ACEMENT FORM PM before Court Dates
AY'S DATE: 12/18/2017
Public Works
12/27/2017
ise find attached a variance for none septic system located at 9115 E US ner's Court on December 27, 2017.
heroon
orting documentation)
ACTION ITEM: X WORKSHOP
CONSENT:
EXECUTIVE:
ARTMENT:
IASING DEPARTMENT:
C WORKS:X
ounty Judge's Office********
ATE:
S OFFICE
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 sep	otic system on a lot or tract of	less than an acre	or
two residence	s / structures on one (1) sept	ic system	or
installing a se	cond septic system on a lot le	ss than 2 acres	
Please provide the following in for their decision. Owner Pool Broth			
Contact Information:			
Cell no. <u> </u>	Email address_	1 mpool 2	6 gmail. an
Property Information for Varia			, .
Property 911 address	9115 29119	Ehuy 67	Alvarado
Subdivision name			
Lot size: 23 acres	Size of existing residence: _	sq. ft.	
Does this lot currently have a s	,	•	pe
is a part of the property locate	d in a FEMA designated Floor	dplain? () Yes (K) No
Reason for request	o building.	on one	<u>Jank</u>
Provide the following with this	request:		
Copy of your plat if pro	operty has been platted		
Copy of property deed	i		
Survey or drawing sho	wing existing home, building	s, existing & proposed	septic system locations
F:/Platting/Variances/Septic S	ystem Variance Request App		

Johnson County Public Works Johnson County Public Works 1 North Main Street, Suite 305 Cleburne, TX 76033 (817) 556-6380

Receipt Number: 2017-1494

12/11/2017 01:12 PM JE 1

Descriptions:	
1. \$100.	00 Variance Request
2.	
3.	
4.	
	Received From:
	Pool Brothers LLC
	9115-9119 E Hwy 67 Alvarado
	Amount Received:
	\$100.00
	Payment Information:
	Check #2453
	Permit
	s51450
2 comr	nercial buildings on one septic permit 9115 -9119 E Hwy 67
Signature / Initials	; <u> </u>
	JE 1 12/11/2017 01:12 P



JOHNSON COUNTY PUBLIC WORKS

2 North Mill Street/Suite 305, Cleburne, TX 76033 development@johnsoncountytx.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:
and has complied with the rules and regula waste disposal syst Inspector approval: This AUTHORIZATION TO CONSTRUCT IS only valid with INS	\$375.00 All other Septic Systems Itions of this department for the construction of a private liquid stem – address and owner listed below. Date 12/18/17 SPECTOR APPROVAL and is valid for 1 year from the issue date uhless revoked for non-the rules and regulations of this department
To be completed and signed by Property owner	
Property Owner's Name: 1001 15 rofter	Phone number: 817690 9659 7 Alvarado, TX
911 site address: 9115 & Huy 6	7 Alvarado / V
Current mailing address: 2816 51-3	Heravado, 1x
Please attach verification of legal descript Legal Description: Metes and Bounds Acrea Acrea	ge: 93 , 175
Recorded deed: Volume Page Sur	rvey WM Hickman Abstract 327
	Lot #: Blk #: Phase / Section #:
□ Well Water or □ Water provider <u>ĴC51</u>	<i>∆\</i>
Is this Building: choose one ☑New or □Exis	
	nufactured/Mobile Home Building Square Feet: 3000
dose one ☐ Single Family # Bedroo	oms or Multi-Family # Bedrooms
	correct to the best of my knowledge. Authorization is hereby given the above described property for the purpose of site evaluation and $\frac{12/11/17}{\text{(Date)}}$
Site Evaluator: Doyle Culp	License No. 6470
Phone No: 817 2472342	Other No.
Mailing Address: 10 986	City Crowley State TX Zip 76036
Installer: Marshall Bartan	License No. 8160
Phone No: 57 538 4891	Other No.
Mailing Address: 800 Connegcy Dr	City Jashun State V Zip 76038
****System must be installed ac	ccording 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@johnsoncountytx.org

ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

PROFE	SSIONAL DESIGN REQUIRED: Yes O No If Yes, professional design attached: Yes O No Designer Name: Double Coir License Type and No. 2949 RS
	Phone No. 817-347-3342 Other or Fax No. 8817-397-4001
	Mailing Address: Po 986 City: Clerky State: 72 Zip: 76036
l.	TYPE AND SIZE OF PIPING FROM: (Example: 4: SCH 40 PVC) Stub out to treatment tank: 3" Puc Sch 40
	Treatment tank to disposal system: 187 13-17-007
II.	DAILY WASTEWATER USAGE RATE: Q= 96 (gallons/day) 4×12 = 48 × 2814, = 96 945 Water Saving Devices: A Yes □ No
111.	TREATMENT UNIT(S): Septic Tank A Aerobic Unit
	A. Tank Dimensions: 6×6×11 Liquid Depth (bottom of tank to outlet): 52 Size proposed: 500 (gal)* Manufacturer: 100 Walton Material/Model# 8550
	Pretreatment Tank: Yes Size: (gal) Do NA Pump/Lift Tank: Yes Size: 797 (gal) Do DO NA
	B. OTHER Yes No If yes, please attach description.
IV.	Disposal Type: Spinkler Manufacturer and Model krain 1000
	Area Proposed: 3924 S915 Area Required: 1500 S575 DOYLE W. CULP
V.	ADDITIONAL INFORMATION: NOTE – THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED. A. Soil/Site Evaluation B. Planning materials (If Applicable).
	OT BEGIN CONSTRUCTION PRIOR TO OBTAINING AUTHORIZATION TO CONSTRUCT. UNAUTHORIZED TRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALITIES.
SIGNA	TURE OF INSTALLER OR DESIGNER: 1/28/17

JOHNSON COUNTY - OSSF SOIL EVALUATION FORM **Date Performed** Owner's Name **Physical Address** 0.S. Number 4470 Site Evaluator 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 soll horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths. Soil Boring Number Drainage/Mottles Depth Restrictive Water Table Comments Inches Horizon Textural Class 12 unsuitable NH 24 36 48 60 **Soil Boring Number** Depth Drainage/Mottles Restrictive Inches Water Table Horizon Comments **Textural Class** <u>12</u> unsuitable 24 <u>36</u>

1 certify that the above statements are true and are based on my own field observations 49

ATTESTED BY:
Signature

Po 986 Claudey

Address

Site Evaluator No. ST. 297-2342

Address

Phone

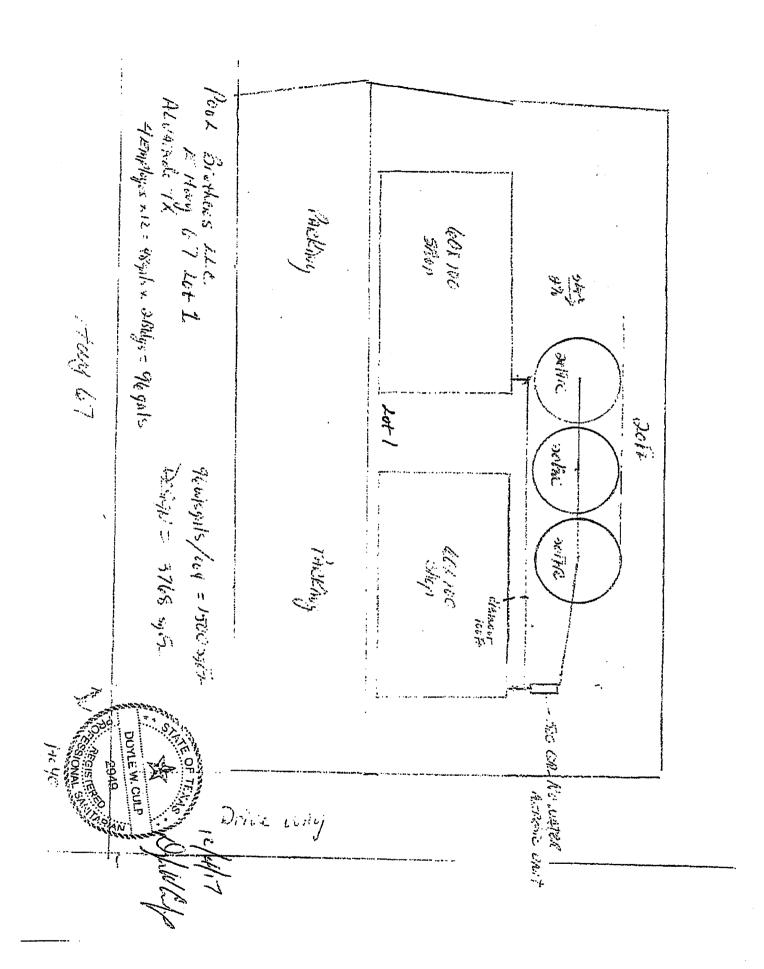
The test data and other information on this report is required by Johnson County. The design, construction and installation of each system is based upon specific conditions affecting each lot or tract and must be subsequently approved by Johnson County

JOHNSON COUNTY - SITE FVAILIATION REPORT

Date// Name Address	tall 1	7			·	-,		, LLOPE		ci On	•				
Name	Po	ol Bi	other	<u>- 5</u>				Ph	one						
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PROPERTY	LOCATION						•			_	1	 			
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PROPERTY Lot/ Street/Roa Additional	d Address		,	two	16	TE	AL	VARA	do -	汉			·		
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xisting or propo	sed water we	ll in nearby	area	,		Yes			No_ No_ No_ No_	×			APP C	VAL SE	
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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



December 4, 2017

SPRAYFIELD DESIGN

PREPARED FOR:

NAME:

Pool Brothers LLC.

ADDRESS: 9115 East Highway 67

LEGAL: William Hickman Survey, A-327 Lot 1

Alvarado, Texas Johnson County Texas

INSTALLER:

DESIGN PARAMETERS:

ESTIMATED FLOW: 96 Gallon (4 Employee's x 12 = 48 Gallons)

(48 Gallons x 2 Buildings = 96 Gallons)

Water Saving Devices

LOADING RATE: .064

AREA REQUIRED: 1500 Sq. Ft.

AREA DESIGN: 3768 Sq. Ft.

SYSTEM PARAMETERS:

PRETREATMENT TANK: 353 Gallon

AERATION TANK: 600 Gallon Nu Water Aerobic Unit

PUMP TANK: 798 Gallon

SPRINKLER AREA: 3- 20 Ft. Radius Full Circle 1256 Sq. Ft. Each

Total 3768 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



AFFIDAVIT TO THE PUBLIC

County of Johnson State of Texas

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. (please attach copy of file receipt)

ı.

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 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 A	dministrative Code 285.9	1(12) will be installed o	n the property des	cribed as (insert
Abort	327 WM HE	RMan Survey	Johnson Co	e in type
A. A				
The property is owned by (print ov	vner's full name):			
<i>e d</i>				
Jun 2 fool				
	· · · · · · · · · · · · · · · · · · ·	······································		
This OSSF shall be covered by a cor	ntinuous service policy for	the first two years. After	er the initial two-ve	ar service policy.
the owner of an aerobic treatment	•	•	•	•
30 days or maintain the system per		residence sitali citilei o	btain a momeenanc	e contract within
30 days or manifeath the system per	Jonany.			
The owner will, upon any sale or ti	ransfer of the above-desc	ribed property, request a	a transfer of the pe	rmit for the OSSF
to the buyer or new owner. A co				
PUBLIC WORKS.	b) as and biguing			
	11 th	\		
WITNESS BY HAND(S) ON THIS)elanbar	2017	
WITNESS BY HAND(S) ON THIS	Lurey	Pool		
Owner(s) Signature(s)		. 1007		
Owner(s) Signature(s)		.i		
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Notary Public, State of Texas Notary's Printed Name: Server 15	erten	James Bar	ton Jr.	
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My Commission Expires: 20/4/14	<i>'</i>	State of To		
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Johnson County Becky Ivey **County Clerk** Cleburne 76033



Instrument Number: 2017-30697

As

Recorded On: December 11, 2017

Affidavit

Parties:

То

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: 2017-30697

Receipt Number: 114776

Recorded Date/Time: December 11, 2017 10:50:57A

DIGTEX

800 CONVEYOR DR

ENV

User / Station: D Vannatta - CCL13

JOHSUATX 76058

Record and Return To:



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, COUNTY CLERK **IOHNSON COUNTY, TEXAS**

NEER

PROVIDER

I VEREE TO ABIDE BY THE SERVICE POLICY AS STATED ABOVE DATE:

SERVICE AGENT: MARSHALL BARTON TCEQ #0008160 & #MP0000077

EMPIT: PHONE:

YTT SEKAICE BETYLED CYTTS MITT BE BESLONDED LO MILHIN Y 17 HONB LIWE LEBIOD'

GREE HOLDS SERVICE PROVIDER HARMLESS FROM REPAIRS DUE TO INSTALLION ERRORS. USER UNDERSTANDS THIS IS NOT A WARRANTY BUT INSTEAD A MAINTENANCE CONTRACT. DREK VCREES THAT THIS SERVICE DOES NOT INCLUDE PUMPING SLUDGE FROM UNIT,

WITH CONCRETE, ROCK, AND ANY AGGREGATE MATERIALS OR TRAFFIC. TANKS, RISERS, SPRAY HEADS AND PLUMBING BY EXCAVATION, TRENCHING, POURING OVER MEVAS, DESTRUCTION OF MECHANICAL COMPONETUS BY ANTS, INSECTS, OR DAMAGE TO ECCEHELLS, SANITARY NAPRINS, CONDOMS, COFFE GROUNDS, ETC., FLOODING BY EXTERNAL ECCEHELLS, SANITARY NAPRINS, CONDOMS, COFFE GROUNDS, ETC., FLOODING BY EXTERNAL RATED CAPACITY OR INTRODUCING EXCESSIVE AMOUNTS OF HARMFUL MATTER, I.E. RESTRICTING VENTLANTON TO THE AERATOR, OVERLOADING THE SYSTEM ABOVE IT'S CONSLIVAL EFECTRICAL CURRENT TO THE SYSTEM, DISCONNECTING THE ALARM SYSTEM, **CREEK ACKEES THAT VIOLATIONS OF THIS ACREEMENT INCLUDE FAILURE TO PROVIDE**

VIT LIMES' ORER VOICES TO MAINTAIN A CONSTANT SUPPLY OF CHLORINE TABLETS OR BLEACH AT

PROVIDER WILL PROVIDE REPORTS TO THE LOCAL PERMITTING AUTHORITY EVERY 4 NECESSARY TO ENSURE PROPER FUNCTION. USER ACREES TO BEAR THE COST OF REPAIRS. ADJUSTMENTS OF THE MECHANICAL AND ELECTRICAL COMPONENT PARTS THAT MAY BE PROVIDER ACREES TO NOTIFY THE USER BY WRITING OR IN PERSON OF ANY

CHECK FOR COLOR, TURBIDITY, SCUM OVERFLOW, AND EXAMINATION FOR ODORS. HEYDS' VA ELEFTHEAL ONVTILL INSECTION WILL BE PERFORMED CONSISTING OF A VISUAL YERALOR' DOMP, SWITCHES, ELECTRICAL CIRCUITS, DISTRIBUTION SYSTEM, AND SPRAY

SASLEW (ONCE EVERY FOUR MONTHS), WHICH INCLUDES A VISUAL INSPECTION OF THE PROVIDER ACREES TO MAKE THE REQUIRED 3 ANUALL INSPECTIONS OF THE AEROBIC

7 XK VEKORIC ZAZLEW ZEKAICE VCKEEWEAL

marshall@digtexllc.com moo.ollxsigib.www Phone 817-538-4891

KOOK TYND IMPROVEMENT COMPANY

EXCAVATION SERVICES

