





## 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 Pools Land Mart Date 1-5-18

Contact Information: Phone no. \_\_\_\_\_

Cell no. 817 690-9659 Email address \_\_\_\_\_

Property Information for Variance Request:

Property 911 address 3445 CR 807 Burleson

Subdivision name Pools Egan Addition Block 1 Lot 2

Lot size: 1.1 acres Size of existing residence: \_\_\_\_\_ sq. ft.

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

ETJ:  Yes - City Burleson  No

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

Reason for request Two commercial lease Buildings  
ON ONE SEPTIC SYSTEM

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 Department of Public Works

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

Phone (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 1.8.18
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: Pools Land Mart LLC Ph. # 817 690 9659

911 site address: 3445 CR 807 Burleson, TX Current mailing address: \_\_\_\_\_

Legal Description:  Metes and Bounds: Acreage: 1.1

Recorded deed: Volume \_\_\_\_\_ Page \_\_\_\_\_ Survey \_\_\_\_\_ Abstract \_\_\_\_\_ -or-

Subdivision: Pools Egan Addition Lot #: 2 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. \_\_\_\_\_

Single-Family # Bdrms \_\_\_\_\_  Multi-Family # Bdrms \_\_\_\_\_  Commercial # Employees 10

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)

(Date)

Site Evaluator: LOYLE COLE License No. 6470

Phone No: 817-297-2342 Other No. \_\_\_\_\_

Mailing Address: PO 986 City Crowley State TX Zip 76036

Installer: Marshall Burton License No. 8160

Phone No: 817 538 4891 Other No. \_\_\_\_\_

Mailing Address: 700 Conveyer Dr City Joshua State TX Zip 76058

\*\*\*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: Doyle Culp License Type and No. 2949 RS
Phone No. 817-297-2342 Other or Fax No. 817-297-4007
Mailing Address: PO 986 City: Cleburne State: TX Zip: 76031

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: 1/2" PVC FIBER

II. DAILY WASTEWATER USAGE RATE: Q= 150 (gallons/day)
Water Saving Devices: [X] Yes [ ] No

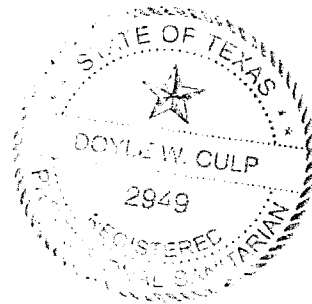
III. TREATMENT UNIT(S): [ ] Septic Tank [X] Aerobic Unit
A. Tank Dimensions: 6x6x4 Liquid Depth (bottom of tank to outlet): 52
Size proposed: 500 (gal)\* Manufacturer: Nu Water
Material/Model#: B550
Pretreatment Tank: [X] Yes [ ] No Size: 353 (gal) [ ] No [ ] NA
Pump/Lift Tank: [X] Yes [ ] No Size: 796 (gal) [ ] No [ ] NA
B. OTHER [ ] Yes [ ] No If yes, please attach description.

IV. DISPOSAL SYSTEM:
Disposal Type: Surface Application
Manufacturer and Model: R Rain 9000
Area Proposed: 3768 sq ft Area Required: 2343 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: [Signature] DATE: 1/3/18



January 3, 2018

SPRAYFIELD DESIGN

PREPARED FOR:

NAME:  
ADDRESS: County Road 807 Cleburne, Texas  
LEGAL: Johnson County Texas  
INSTALLER:

DESIGN PARAMETERS:

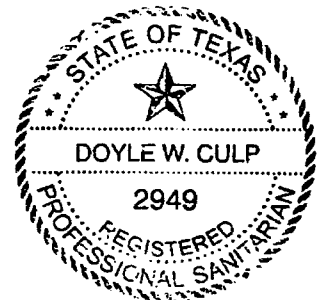
ESTIMATED FLOW: 150 Gallon ( 10 Employee,s x 15 Gallons )  
Water Saving Devices  
LOADING RATE: .064  
AREA REQUIRED: 2343 Sq. Ft.  
AREA DESIGN: 3768 Sq. Ft.

SYSTEM PARAMETERS:

PRETREATMENT TANK: 353 Gallon  
AERATION TANK: 600 Gallon NuWater 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

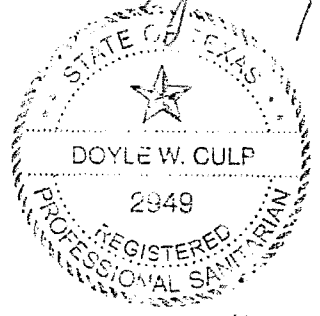


LARRY POOL  
3445 CR 807  
Cleburne TX

16 Employees x 15 gals = 150 gals / 0.64 = 234.3 sq ft  
Design = 3768 sq ft

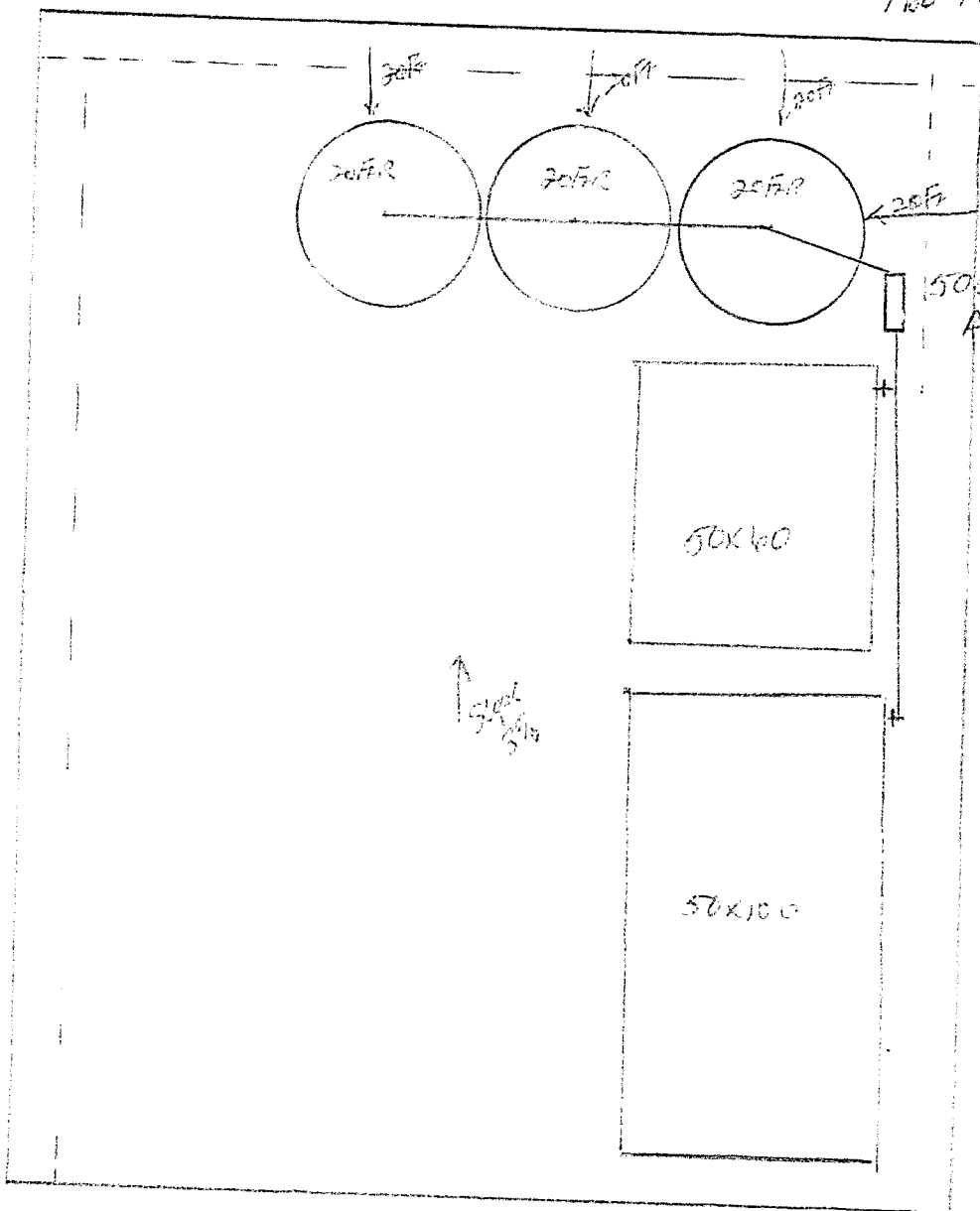
11/2/18

*Doyle Culp*



CR 807

16040



FIN 2280

JOHNSON COUNTY - SITE EVALUATION REPORT

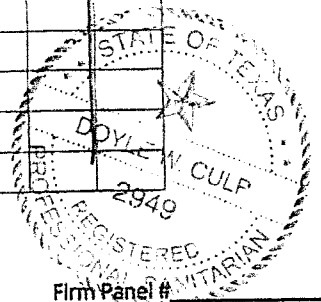
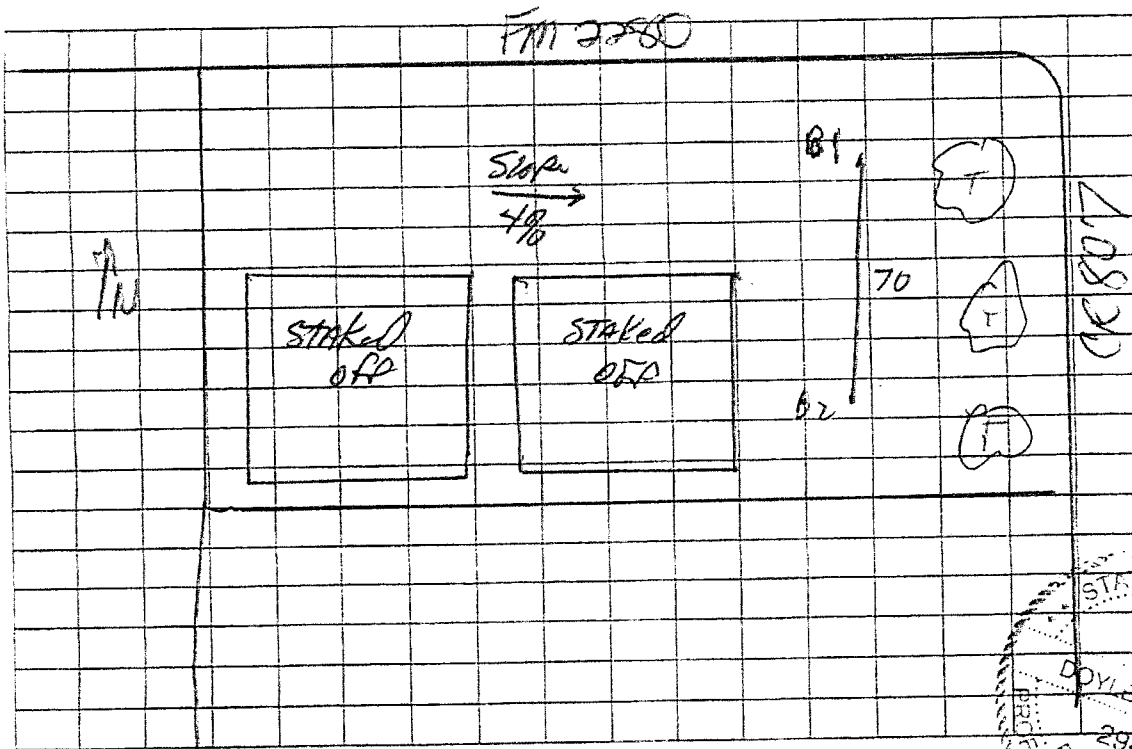
Date 1/2/18  
 Name Pools Land Maint Phone \_\_\_\_\_  
 Address 3445 CR 807 Buckston

PROPERTY LOCATION

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street/Road Address \_\_\_\_\_  
 Additional Information TWO Blgs

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

ATTESTED BY: [Signature]  
 Signature \_\_\_\_\_  
PO984 C. Bowley TX  
 Address \_\_\_\_\_

Firm Panel # \_\_\_\_\_  
 Site Evaluator No. 6470  
817-297-3342  
 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.

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.

I.

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 Administrative Code 285.91(12) will be installed on the property described as (insert legal description):

*Lot 2 Blk 1 Pools Egan Addition*  
*Johnson County*

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The property is owned by (print owner's full name):

*Pools Land Mart*

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 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_

Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_.

Notary Public, State of Texas  
Notary's Printed Name:  
My Commission Expires:





**YOUR LAND IMPROVEMENT COMPANY**

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

**2 YR. AEROBIC SYSTEM SERVICE AGREEMENT**

1. PROVIDER AGREES TO MAKE THE REQUIRED 3 ANNUAL INSPECTIONS OF THE AEROBIC SYSTEM (ONCE EVERY FOUR MONTHS), WHICH INCLUDES A VISUAL INSPECTION OF THE AERATOR, PUMP, SWITCHES, ELECTRICAL CIRCUITS, DISTRIBUTION SYSTEM, AND SPRAY HEADS. AN EFFLUENT QUALITY INSPECTION WILL BE PERFORMED CONSISTING OF A VISUAL CHECK FOR COLOR, TURBIDITY, SCUM OVERFLOW, AND EXAMINATION FOR ODORS.
2. PROVIDER AGREES TO NOTIFY THE USER BY WRITING OR IN PERSON OF ANY ADJUSTMENTS OF THE MECHANICAL AND ELECTRICAL COMPONENT PARTS THAT MAY BE NECESSARY TO ENSURE PROPER FUNCTION. USER AGREES TO BEAR THE COST OF REPAIRS. PROVIDER WILL PROVIDE REPORTS TO THE LOCAL PERMITTING AUTHORITY EVERY 4 MONTHS.
3. USER AGREES TO MAINTAIN A CONSTANT SUPPLY OF CHLORINE TABLETS OR BLEACH AT ALL TIMES.
4. USER AGREES THAT VIOLATIONS OF THIS AGREEMENT INCLUDE FAILURE TO PROVIDE CONSTANT ELECTRICAL CURRENT TO THE SYSTEM, DISCONNECTING THE ALARM SYSTEM, RESTRICTING VENTILATION TO THE AERATOR, OVERLOADING THE SYSTEM ABOVE IT'S RATED CAPACITY OR INTRODUCING EXCESSIVE AMOUNTS OF HARMFUL MATTER, I.E. NON-BIODEGRADABLE MATERIALS, CHEMICAL SOLVENTS, GREASE, OIL, PAINT, TOBACCO, EGGSHELLS, SANITARY NAPKINS, CONDOMS, COFFEE GROUNDS, ETC., FLOODING BY EXTERNAL MEANS, DESTRUCTION OF MECHANICAL COMPONENTS BY ANTS, INSECTS, OR DAMAGE TO TANKS, RISERS, SPRAY HEADS AND PLUMBING BY EXCAVATION, TRENCHING, POURING OVER WITH CONCRETE, ROCK, AND ANY AGGREGATE MATERIALS OR TRAFFIC.
5. USER AGREES THAT THIS SERVICE DOES NOT INCLUDE PUMPING SLUDGE FROM UNIT, USER UNDERSTANDS THIS IS NOT A WARRANTY BUT INSTEAD A MAINTENANCE CONTRACT. USER HOLDS SERVICE PROVIDER HARMLESS FROM REPAIRS DUE TO INSTALLATION ERRORS.
6. ALL SERVICE RELATED CALLS WILL BE RESPONDED TO WITHIN A 72 HOUR TIME PERIOD.

USER: Bools Land Maint  
 ADDRESS: 3445 CR 807  
 CITY: Burleson, TX  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

SERVICE AGENT: MARSHALL BARTON TCEQ #0008160 & #MP0000077

I AGREE TO ABIDE BY THE SERVICE POLICY AS STATED ABOVE DATE: \_\_\_\_\_

[Signature] USER [Signature] PROVIDER

