## Approved

REQUEST FOR AGENDA PI	ACEMENT FORM
Submission Deadline - Tuesday, 12:00	PM before Court Dates
SUBMITTED BY: David Disheroon TOD	AY'S DATE: 02/01/2018
<u>DEPARTMENT</u> :	Public Works
SIGNATURE OF DEPARTMENT HEAD:	•
REQUESTED AGENDA DATE:	02/12/2018
SPECIFIC AGENDA WORDING: Consider	ation of variance for two residences
on one septic system for family member's medic	cal reasons, located at 2317 CR 920
n Precinct 2.	
PERSON(S) TO PRESENT ITEM: David Di	sheroon
TERESTRIAN DEVICE DEVICE DEVICED	Shel our
SUPPORT MATERIAL: (Must enclose supp	orting documentation)
TIME: 10 minutes	ACTION ITEM: X
	WORKSHOP
(Anticipated number of minutes needed to discuss item	O CONSENT:
	EXECUTIVE:
STAFF NOTICE.	
STAFF NOTICE:	
COUNTY ATTORNEY: IT DE AUDITOR: PURC	
AUDITOR: PURC PUBL	
BUDGET COORDINATOR: OTHER:	
**********This Section to be Completed by C	ounty Judge's Office*******
	•
ASSIGNED AGENDA	DATE:
	E'S OFFICE
COURT MEMBER APPROVAL	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 septi	ic system on a lot or tract of less than an acre	or
two residences	structures on one (1) septic system	or
installing a seco	ond septic system on a lot less than 2 acres	
for their decision.	ormation. This request will be presented to th	
Owner KEVIN & LAUREL (	GRANTHAM Date 1-3	51-2018
Contact Information:	Phone no. 817- 680-	
Cell no. SAME	Email address_KEVINRGRAN	THAM QATT. NET
Property Information for Variano	e Request:	
Property 911 address 2317	COUNTY ROAD 920   CROWLEY ,TX	76036
Subdivision name	Block	Lot
Lot size: 1.125 acres	Size of existing residence: 1485 sq. ft.	
Does this lot currently have a sep	ptic system? ( <u>V</u> ) Yes ( <u></u> ) No System	type <u>AEROBIC</u>
ETJ: (V) Yes - City FTW	() No	
Is a part of the property located	in a FEMA designated Floodplain? () Yes	( <u>)</u> No
Reason for request $Two$	RESIDENCES ON ONE SEPTIC S	YSTEM FOIR
FAMILY MEMBER'S	MEDICAL REASONS.	•
Provide the following with this re	equest:	
☐ Copy of your plat if prop	erty has been platted	
☐ Copy of property deed		
☐ Survey or drawing show	ing existing home, buildings, existing & propo	sed septic system location
F:/Platting/Variances/Septic Syst	tem 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: 2018-128

1/31/2018 04:13 PM CG 1

Descriptions		
Descriptions:		
	/ariance Request	
2.		
3.		
4.		
	Received From:	
	Grantham Kevin & Laurel	
	Amount Received:	
	\$100.00	
	Payment Information:	
	Check #10195	
	Permit	
	S51076	
_		
Signature / Initials:		
	CG 1 1/31/2018 04:13	Pħ



### **JOHNSON COUNTY Department of Public Works**

S51074

2 North Mill Street/Suite 305, Cleburne, TX 76033

development@johnsoncountytx.org - (817) 556-6380 - Fax (817)656-6391

Application for 'Authorization to Construct' OSSF System

(System Upgrade)

Office use only	Authorization to Construct F	ermit #	Date
FIRM Panel #	Precinct		Date
This is to certify that	:		has paid a
Fee of: 0 \$475.00 A	erobic Septic Systems		her Septic Systems
And has complied wi	th the rules and regulations of t		e construction of a private liquid
Marc ampond system	ii – audiess and owner listed be	low. Inspector appr	nval: / ( \ \ \ 1/100+0 \ 1/5/1 \)
THIS ACTITIONIZATIO	IN TO CONSTRUCT IS Only valid u	vith INSPECTOR APPR	OVAL and Is valid for 1 year from the
	nless revoked for non-complianc	e with the rules and i	egulations of this department
To be completed and si	ened by Property owner		
	,	a	10 ( 10 0 0 0 0 1
911 site address: 721	: KEVIN R. GRANTHAM	Ph. # <u>- &amp;</u>	11-680-0794
Legal Description = 14	TX 70	<u>Όωι Εγ</u> , Current m	ailing address: SAME
Percented deads 1/-1	etes and Bounds: Acreage	1.125	
necorded deed: Volum	e <u>201</u> Page <u>123</u>	Survey E. SMITH	Abstract <u>763</u> -or-
Ofense week	- F	Lot #: Blk #:	Phase / Section #:
Type of Herry / Public	verification of legal description such	as a copy of: Deed and	d Survey or other documentation
Type of Home / Building	☐ New ☑ Existing	Site Built DM	anufactured 🗆 Bldg. Sq. Ft. 1500
er single-ramily # Borms	5 <u>└</u> □ Multi-Family # Be	drms o C	ommercial # Employees
□ Well -or- Ø	Water Co. JCSUD	* 3bdroom	residence (722 ft) in apartment in garage / bqs
	received as a fine and cutters	IN the best of my bor	navioriro Acaba a inmaia mila basa d
The secure of the second of th	c works to enter upon the abou	e described propert	Nor the purpose of site evaluation and
investigation of an on-sit	e sewage facility.		
- An K. Y.	routher a	Jan 16-11	1-13-2018
(Signature	e of Owner)		(Date)
Site Evaluator:	0.00		
	4-14080 VINO VI CM	License No. PE	32113
		Other NV.	
Mailing Address: 1225	C - C   T->	hyq State	TX Zip 76058
Installer: Rick F1		icense No. 65	21080
Phone No: 817-866	-2747	Other No	
Mailing Address: 12725	CR400 City G	randview state	TX Zip 76050
****Svste	m must be installed accordin		/
,	are are motorica according	P to shecilications	on attached design****



## **JOHNSON COUNTY Department of Public Works**

2 North Mill Street/Suite 305 Cleburne, Texas 76033 – (817) 556-6380 – Fax (817-556-6391 development@johnsoncountytx.org

## ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED: Yes No If Yes, professional design attached: Yes No
license Type and No. PF 33 117
Phone No
Mailing Address: 1225 Stadium Dr City: Joshua State: TX Zip: 76058
1. TYPE AND SIZE OF PIPING FROM: (Example: 4: SCH 40 PVC)
Stub out to treatment tank: 4" < +1 45 PV C
Treatment tank to disposal system: 1" SCH 40 Prc
II. DAILY WASTEWATER USAGE RATE: Q= 340 (gallons/day) (240 gp. 1 + 100 gp. 1) Water Saving Devices: X Ves. 5 No.
Water Saving Devices: ★Yes □ No
III. TREATMENT UNIT(S):   Septic Tank , Aerobic Unit
A. Tank Dimensions: $52 \times (2 \times 6)$ Liquid Denth /hottom of tank to sutlet \ 3 //
Size proposed: 500 9pd (gal)* Manufacturer: Nu sol a tex
Material/Model# B 5.5 0
Pretreatment Tank: Syes Size: 400 (gal) I No I NA
Pump/Lift Tank: Yes Size: 700 (gal) NO NA  B. OTHER Yes O'No If we please attach description
B. OTHER ☐ Yes ♠No If yes, please attach description.
IV. DISPOSAL SYSTEM:
Disposal Type: Surface Spray Irrigation  Manufacturer and Model NSF approved spray heads  Area Proposed: 5725 ft 2 Area Required: 5313 ft 2
Manufacturer and Model NSF approved Spray heads
Area Proposed: 5725 ft 2 Area Required: 5313 ft 2
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 PENALITIES.
$\mathcal{L}_{\mathcal{L}}$
SIGNATURE OF INSTALLER OR DESIGNER: DATE: (-13-17
A CONTRACT OF THE PARTY OF THE
S MAYLAND W CAME DOK
3811
Total Control of the

Revised 7/10/2012

# JOHNSON COUNTY - OSSF SOIL EVALUATION FORM

Owner's Na	ame	Kevin 6	Franth axa	•	
Physical Ac	idress	2317	CP 920	Crowley	TX
Site Evalua	tor	GCARLÓ	c.K	O.S. Number	PF32/13
"At least two s each soil evaluation "For subsurface surface dispose	ation on a sepa re disposal, soil ril, the surface h	must be parturned on the site, at opp rate table. Locations of soil evaluation evaluations must be performed to a de writton must be evaluated.	Spraty osito ends of the disposal area. Is must be shown on site drawing phi of at least 2 ft below the pr	Please show the results ng. roposed excavation dept	of h. For
* Please descri	be each soil ho	rizon and identify any restrictive featur	res in the space provided below	. Draw lines at the appr	opriate
arbary.		,			
	Soll Boring Depth	; Number			
	Inches	Textural Class	Drainage/Mottles	Restrictive	
		rextural class	Water Table	Horizon	Comments
	<u>12</u>	Type IV	No	405	Black Clay
	<u>24</u>	100		1	
	<u>.</u> <u>36</u>				
	<u>48</u>	V		V	i l
	60				
	Soil Boring	Number 2			
-	Depth		Drainage/Mottles	Restrictive	
	Inches	Textural Class	Water Table	Horizon	Caramana
•	a		AAGGEL LADIS	nurizon	Comments
•	12				
	<u>24</u>	1-6	40		
	3 <u>6</u>	- W'			
	- 48			11	
: !	- 60			1, (6,1)	
certify that	t the above	statements are true a	32113	d observations.	
ATTESTED B Signature _	7	aloh	74-60		PE 32113
	122	5 Stadium	Dr	6,7	-614-1408
		Address Jest	ma 76058	P	hone
he test data a	and other info	rmation on this report is required i	by		
ohnson Count	y. The design	, construction and installation of e	ach		

system is based upon specific conditions offecting each lot or tract and must be subsequentily approved by Johnson County

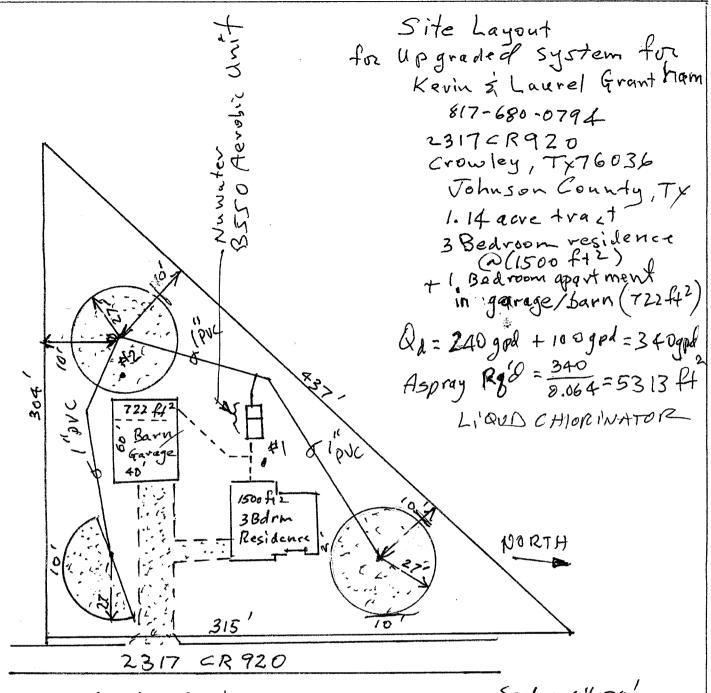
Date Performed

Revised 7/10/2012

### JOHNSON COUNTY - SITE EVALUATION REPORT

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Revised 7/10/2012



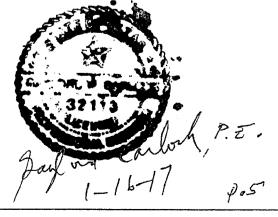
. 500 god ferobic Unit

Scale: 1"50

· 3 spray heads (27' radius) as shown:

A = (27) \* T × 2½ = 5725 ft 2 Proposed Area

· Night time soray timer



### FLETCHER EXCAVATING,INC.

12725 CR 400 GRANDVIEW,TX. 76050

(817)866-2747 FAX # (817)866-2829

EMERGENCY CONTACT (817)401-1707 RICK FLETCHER

### **INITIAL TWO-YEAR WARRANTY/SERVICE POLICY**

BEGINNING DATE: ENDING DATE:
Our firm,, will inspect your, aerobic septic system, serial number, for two years from the date of this contract. There will be three inspections made, one every four months from the original date of the contract. Contract fee is to be paid in advance by owner.
Effluent, quality inspections will include a visual inspection for color, turbidity, sludge build-up, scum overflow, and odor. An onsite chlorine and Ph test will be performed. Mechanical and electrical inspections and services include inspecting aerator, air filter, and alarm panel. Replacing or repairing any component not found to be functioning correctly will be an additional charge.
Upon expiration of this policy, our firm will offer a continuing service policy on a yearly basis to cover labor for normal maintenance and service on a year-by-year basis.
Violations include shutting off the electric current to the system, disconnecting the alarm system, restricting ventilation to the aerator, overloading the system above its rated capacity, introducing excessive amounts of harmful matter into the system, or any other form of unusual abuse.
All service calls will be responded to within a 48 hour time period.
Homeowner agrees to keep areas around pumps,tanks,and electrical areas mowed and weed eated. Also Homeowner agrees to keep poison out for ants around the above listed areas.
Homeowner agrees to maintain a constant supply of chlorine tablets or bleach at all times. If a chlorine test reveals residual lower than the state allows a Grab Test will be performed and chlorine added as needed for an additional charge.
THIS POLICY DOES NOT INCLUDE PUMPING SLUDGE FROM THE UNIT IF NECESSARY.
HQMEQWNER INFORMATION
PRINTED OWNER NAME: KEVIN R. AND LAUREL K. GRANTHAM
OWNER SIGNATURE: Kir R. Wranthan
ADDRESS: 2317 COUNTY ROAD 920, CROWLEY TX 76036
MAILING ADDRESS: 54ME
HOME PHONE # 817-297-4902 WORK/CELL # 817-680-0794
DATE: 01-13-2018 AUTHORIZED TO SERVICE:
SERVICE DEALER & LICENSE # 1 Page 1096 SERVICE DEALERS SIGNATURE 14 14 14 14 14 14 14 14 14 14 14 14 14