

[Handwritten signature]



Variance Request for Septic System

Johnson County Subdivision Rules and Regulations state only one septic system per one (1) acre, Section VII A. Variance fee is \$100 per request. To request a variance for the purpose of:

- _____ installing a septic system on a lot or tract of less than an acre or
- X two residences (structures) on one (1) septic system or Commercial
- _____ 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 Pool Brothers LLC Date 8-29-18
 Phone no. 817-690-9659
 Email address lpool1@gmail.com

Property Information for Variance Request:

Property 911 address 9143 & 9139 E Hwy 67 Alvarado Tx ⁷⁶⁰⁰⁹
 Subdivision name _____ Block _____ Lot _____
 Survey WM Hickman Abstract 327 Acreage _____
 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 Part^{CM} two buildings on one septic lease office warehouse

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

Johnson County Public Works

Johnson County Public Works

1 North Main Street, Suite 305

Cleburne, TX 76033 (817) 556-6380

Receipt Number: 2018-1138

8/29/2018 02:31 PM CG 1

Descriptions:

1.	\$100.00	Variance Request
2.		
3.		
4.		

Received From:

Pool Brothers LLC
9139 E US Hwy 67 Alvarado

Amount Received:

\$100.00

Payment Information:

Check #2942

Permit

D17516

Variance for 2 commercial buildings on one septic 9139 and 9143 E US HWY 67

Signature / Initials: _____

CG 1 8/29/2018 02:31 PM



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 8.31.18

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 or authorized representative

Property Owner's Name: Pool Brothers LLC Phone number: 817-690-9659

911 site address: 9143 & 9139 E Hwy 67

Current mailing address: Impact 1@gmail.com

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

Legal Description: Metes and Bounds Acreage: _____

Recorded deed: Volume _____ Page _____ Survey WM Hickman Abstract 327

-OR- Subdivision: _____ Lot #: _____ Blk #: _____ Phase / Section #: _____

Well Water or Water provider JCSUD

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 8

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 or Representative) 8-29-18 (Date)

Site Evaluator: Doyle Culp

Phone No: 817-297-2342

Mailing Address: PO 986

Installer: Marshall Barton

Phone No: 817 538 4891

Mailing Address: 800 Conrager Dr

License No. 6470

Other No. _____

City Crowley State TX Zip 76036

License No. 8160

Other No. _____

City Joshua State TX Zip 76058

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



JOHNSON COUNTY PUBLIC WORKS

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

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. _____
Mailing Address: PO 986 City: Crowley State: TX Zip: 76036

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

Stub out to treatment tank: 3 inch PVC schdle 40
Treatment tank to disposal system: 1/8 inch per foot

II. DAILY WASTEWATER USAGE RATE: Q= 120 (gallons/day) *60gals per Bldg + 15gals*

Water Saving Devices: Yes No

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

A. Tank Dimensions: 6x6x4 Liquid Depth (bottom of tank to outlet): N/A

Size proposed: 500 (gal)* Manufacturer: NU-Water

Material/Model# 6550 Concrete NU-WATER

Pretreatment Tank: Yes Size: 353 (gal) No NA

Pump/Lift Tank: Yes Size: 798 (gal) No NA

B. OTHER Yes No If yes, please attach description.

IV. DISPOSAL SYSTEM:

Disposal Type: Storm

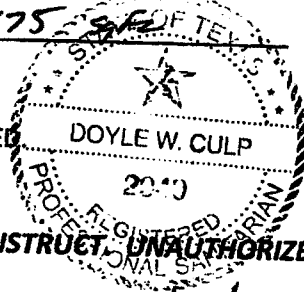
Manufacturer and Model A Rain 9000

Area Proposed: 3926 sq ft Area Required: 1875 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: 8/11/18

August 13, 2018

SPRAYFIELD DESIGN

PREPARED FOR:

NAME:
ADDRESS: 9143 & 9139 E Highway 67 Alvarado, Texas
LEGAL: Johnson County Texas
INSTALLER:

DESIGN PARAMETERS:

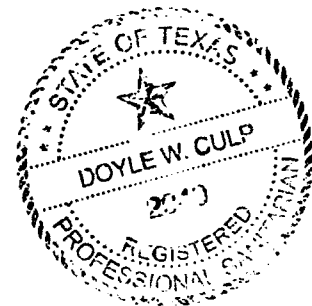
ESTIMATED FLOW: 120 Gallon (4 People x 15 Gals = 60 x 2 Building
= 120 Gals. Water Saving Devices
LOADING RATE: .064
AREA REQUIRED: 1875 Sq. Ft.
AREA DESIGN: 3926 Sq. Ft.

SYSTEM PARAMETERS:

PRETREATMENT TANK: 353 Gallon
AERATION TANK: 600 Gallon Nu Water Aerobic Unit
PUMP TANK: 798 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: $120 \text{ W/s} / .064 = 1875 \text{ Sq. Ft.}$
Designed Area: 3926 Sq. Ft.

SYSTEM LAYOUT

Discharge from the Shop's and will gravity flow via a three inch PVC pipe Sch 40 (1/8 inch per ft. fall minimum) to a 353 pretreatment tank then to a 550-B 600 Nu Water Aerobic Unit. There will be a clean out installed within 3 Ft. of each building and every 100 Ft. if needed.

The clear effluent from the Nu Water Aerobic Unit will discharge through a chlorinator into 798 gallon pump tank. The chlorinated effluent will pass through a 1/2 horse power pump to 25 feet radius with 2 sprinkler heads via a one inch purple pipe pressure rated line. Low angle nozzle 13 degree or less shall be used to keep the spray low and reduce aerosol. There will be no check valve needed. All spray areas 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. (285.38) All potable water will be sleeved that crosses any irrigation lines

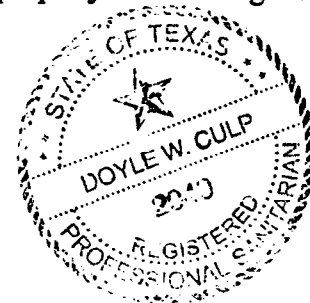
PUMP TANK

The pump tank volume will be 798 gallon minimum. In the event of pump failure a total volume of 220 gallons will be left exceeding the 1/3 flow above the alarm. The tank shall be provided with an 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 40 pounds per square inch.

VARIANCES

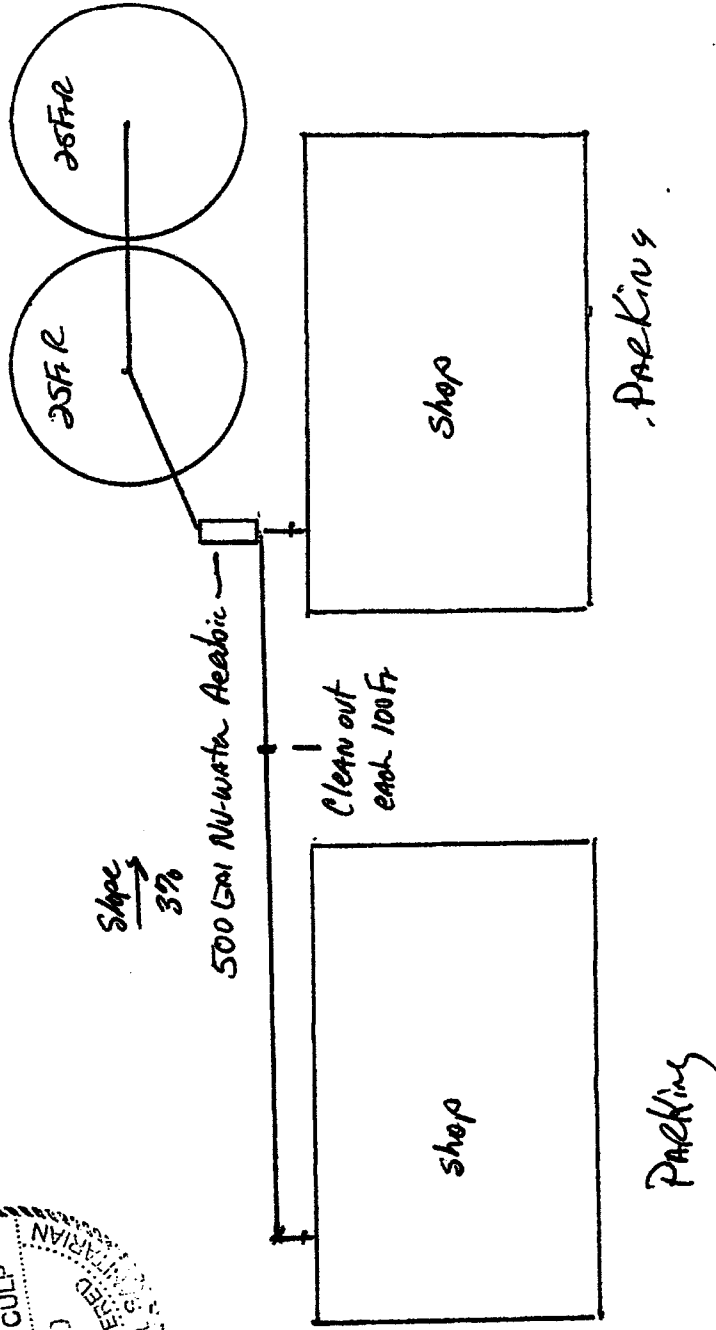
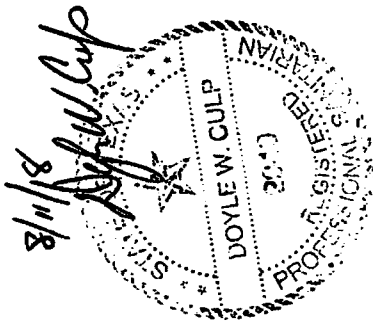
No variances are requested with any part of this system. Any changes in proposed system must be approved by the permitting authority before the installer is authorized to make change.

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



9143 + 9139 E Hwy 67
Alvarado TX

4 people each Bldg x 15 gals = 60 gals x 2 bldgs = 120 gals
120 gals / 0.64 ft = 187.5 sq ft
Design = 3926 sq ft



Gravel Drive

Hwy 67

JOHNSON COUNTY - SITE EVALUATION REPORT

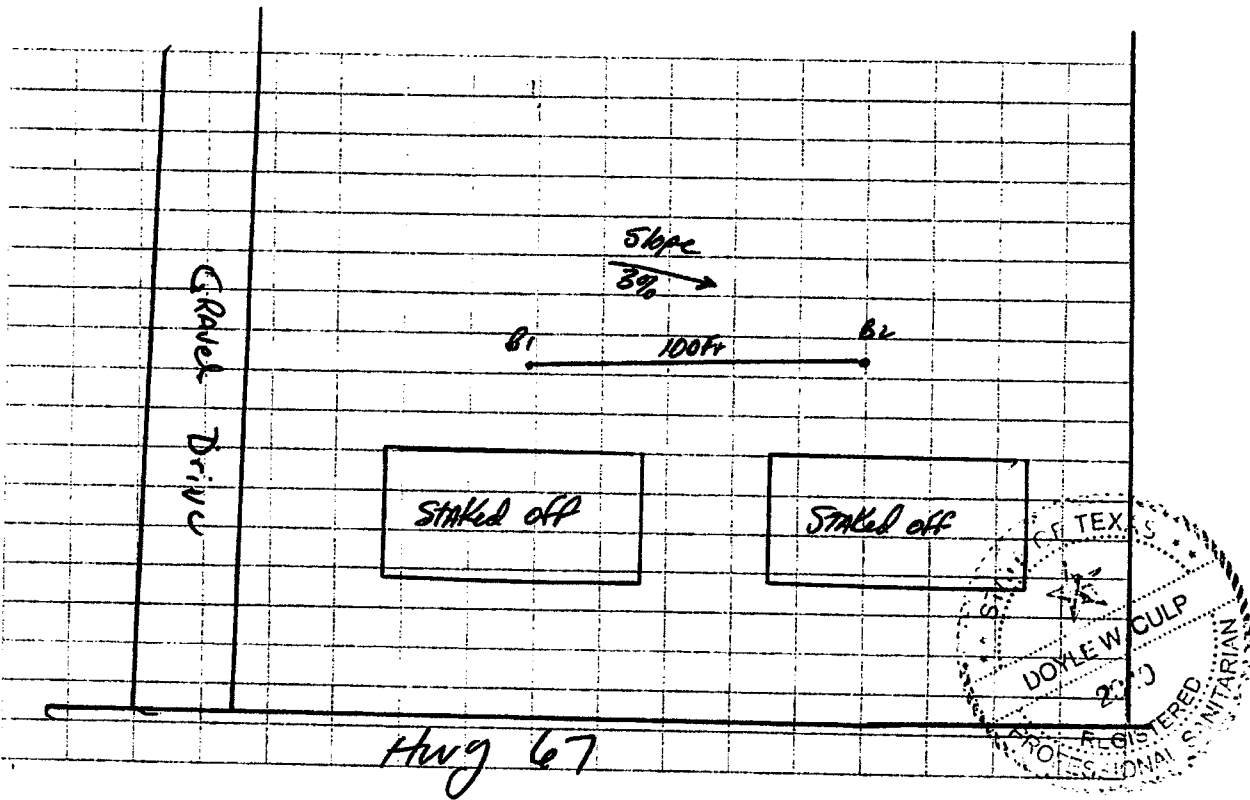
Date 8/10/18
 Name _____ Phone _____
 Address _____

PROPERTY LOCATION

Lot _____ Block _____ Subdivision _____
 Street Address 9143 & 9139 E Hwy 67 Alvarado TX
 Additional Information 2 Commercial Bldgs

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

Firm Panel # 482510225J

ATTESTED BY:
 Signature [Signature]
 Address PO 986 Crowley Texas 76036

Site Evaluator No. 6470
 Phone 817-297-2342

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.

JOHNSON COUNTY - OSSF SOIL EVALUATION FORM

Date Performed 8/10/18
 Owner's Name Pact Brothers LLC
 Physical Address 9143-9139E Hwy 67 Alvarado 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.

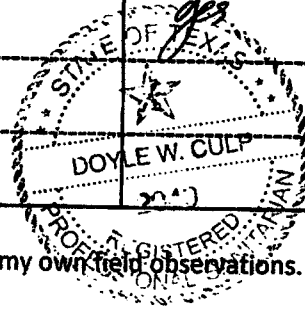
* Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

Soil Boring Number B1

Depth Inches	Textural Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
= <u>12</u>				
= <u>24</u>	Clay IV	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 IV	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

Site Evaluator No. 6470

PO 986 Crowley Tx 76036

817-297-2342

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 PUBLIC WORKS
AUTHORIZATION FORM

Use this form for the Property Owner to give someone other than themselves authorization to acquire an OSSF Permit

1. Pool Brothers LLC - JgM
(Must be the name of the person listed on current deed for property)

Give Authorization To:

Marshall Barton
Individual Name

OR
Dig Tex
Business Name and Representative (If Applicable)

To Acquire an OSSF Permit for the following location:

9139 & 9143 E Hwy 67
911 Address
Alvarado
City

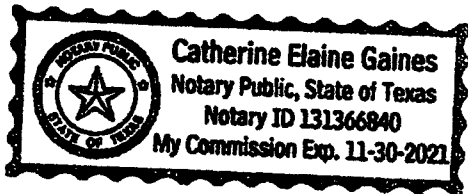
WITNESS BY HAND(S) ON THIS 29th DAY OF August, 2018

JgM
Property Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 29th DAY OF August, 2018

Catherine Elaine
Notary Public, State of Texas

Notary's Printed Name:
My Commission Expires:



Johnson County
Becky Ivey
County Clerk
Cleburne 76033

COPY



70 2018 00024166

Instrument Number: 2018-24166

As

Affidavit

Recorded On: August 29, 2018

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: 2018-24166

Receipt Number: 139988

Recorded Date/Time: August 29, 2018 02:23:02P

User / Station: L Bailey - CCL30

Record and Return To:

POOL BROTHERS

PO BOX 2196

ENV

BURLESON TX 76097



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

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)

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):

WM Hickman 93 acres
A051 321
Johnson County

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

Pool Brothers LLC

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.

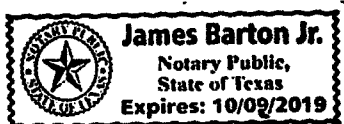
The owner will, upon any sale or transfer of the above-described property, request a transfer of the permit for the OSSF to the buyer or new owner. A copy of the planning materials for the OSSF can be obtained from JOHNSON COUNTY PUBLIC WORKS.

WITNESS BY HAND(S) ON THIS 29 DAY OF August, 2018

Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 29 DAY OF August, 2018

Notary Public, State of Texas
Notary's Printed Name: James Barton Jr.
My Commission Expires: 10/09/2019





YOUR LAND IMPROVEMENT COMPANY

Phone 817-538-4891

www.digitexllc.com

marshall@digitexllc.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 ITS 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: Pool Butler LLC

ADDRESS: 91432 Hwy 67

CITY: Alameda

PHONE: 817-650-9658

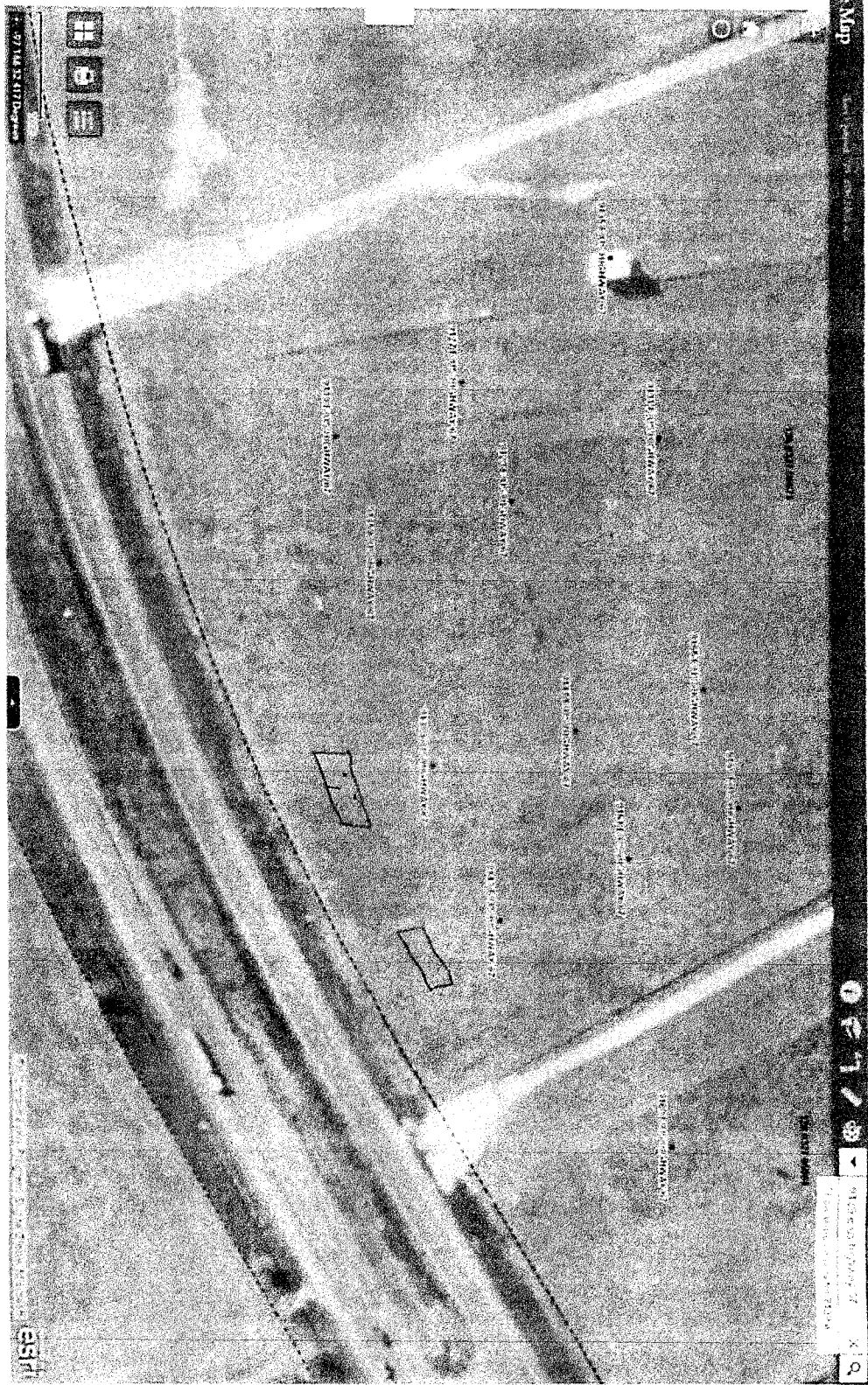
EMAIL: lmpool@gmail.com

SERVICE AGENT: MARSHALL BARTON CEO #0008160 & #MIP0000077

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

USER _____ PROVIDER _____

- Operational Maps
- 2014-2015
 - 2015-2016
 - 2016-2017
 - 2017-2018
 - 2018-2019
 - 2019-2020
 - 2020-2021
 - 2021-2022



11250212321200032021

No Flood
Alvarado (EJ)

9143 - Sink + toilet

9139 - Sink + toilet