



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 Mike White Date 12-7-17

Contact Information: Phone no. 817-774-7818

Cell no. _____ Email address mwhite@jctx.com

Property Information for Variance Request:

Property 911 address 11340 CR 604 Burleson

Subdivision name _____ Block _____ Lot _____

Lot size: 10.69 acres Size of existing residence: _____ sq. ft.

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

ETJ: Yes - City Ft Worth No

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

Reason for request BARN + RESIDENCE ON 1 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/Variences/Septic System 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: 2017-1464

12/7/2017 09:55 AM MM 1

Descriptions:

1.	\$465.00	Aerobic
2.	\$10.00	State
3.		
4.		

Received From:

Mike White
3917 Creekside Court

Amount Received:

\$475.00

Payment Information:

Cash

Permit

S50196

Signature / Initials: _____

MM 1 12/7/2017 09:55 AM

Johnson County Public Works

Johnson County Public Works

1 North Main Street, Suite 305

Cleburne, TX 76033 (817) 556-6380

Receipt Number: 2017-1465

12/7/2017 09:56 AM MM 1

Descriptions:

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

Received From:

Mike White
3917 Creekside Court

Amount Received:

\$100.00

Payment Information:

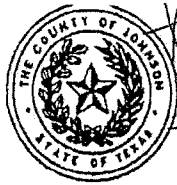
Cash

Permit

S50196

Signature / Initials: _____

MM 1 12/7/2017 09:56 AM



Variance attached / Pd for 12/7/17

D16080

Development Permit Required attached Johnson County Public Works Department
1 North Main Street, Suite 305
Cleburne, Texas 76033
817-556-6380 Fax: 817-556-6391

ID # 50196
S 50196

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: Mike White

Site Address: 11340 CR 604

Acreage: 10.69 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: 12-7-17

Variance
PAID
12/7/17
mm

Septic
PAID
12/7/17
mm



JOHNSON COUNTY Department of Public Works

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

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

Application for 'Authorization to Construct' OSSF System

C

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: Juda Duxley Date 10/7/17
 This AUTHORIZATION TO CONSTRUCT is only valid with INSPECTOR APPROVAL and is valid for 2 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

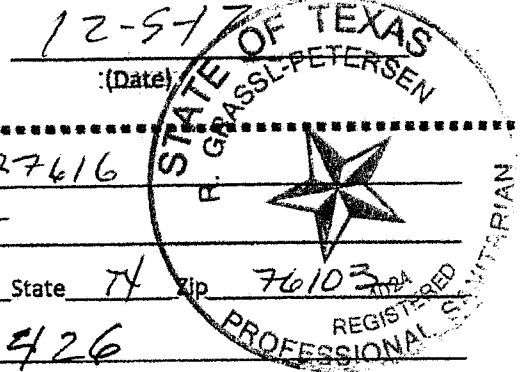
Property Owner's Name: MIKE WHITE Ph. # 817 724 7818
 Site address: 11340 CR 604 BURLESON Current mailing address: 3917 CREEKSIDE BURLESON TX
 Legal Description: Metes and Bounds: Acreage: 10.69
 Recorded deed: Volume 3393 Page 793 Survey VANNESSON Abstract 1 -or-
 Subdivision: _____ Lot #: _____ Blk #: _____ Phase / Section #: 23cd

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. 3 Multi-Family # Bdrms. _____ Commercial # Employees: _____
 Well -or- Water BETHESDA

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.

Mike White
(Signature of Owner)



Site Evaluator: BECCA GRASSL PETERSEN License No. 27616
 Phone No: 817.994.0095 Other No. _____
 Mailing Address: 1015 Lynnhaven City FTW State TX Zip 76103
 Installer: CHARLES BLEEKER WASTEWATER License No. 12126
 Phone No: 917 295 3270 Other No. _____
 Mailing Address: 908 CR 914 City BURLESON State TX Zip 76028

****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: Yes No If Yes, professional design attached: Yes No
Designer Name: BECCA GRASSL P License Type and No. RSTII-4024
Phone No. 817-994-0095 Other or Fax No. -
Mailing Address: 11615 Lymnham City: FW State: TX Zip: 76103

I. TYPE AND SIZE OF PIPING FROM: (Example: 4" SCH 40 PVC)
Stub-out to treatment tank: SDR 26 or SCH 40 3" or 4" PVC
Treatment tank to disposal system: 3/4" or 1" SCH 40 PURPLE PVC

II. DAILY WASTEWATER USAGE RATE: Q= 300 (gallons/day)
Water Saving Devices: Yes No

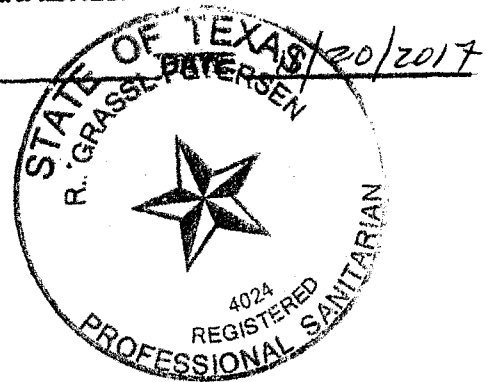
III. TREATMENT UNIT(S): Septic Tank Aerobic Unit
A. Tank Dimensions: 5X5X14 Liquid Depth (bottom of tank to outlet): 60"
Size proposed: 500 (gal)* Manufacturer: NEW WATER CRT
Material/Model# R 550 CONCRETE
Pretreatment Tank: Yes No NA
Size: 500 (gal) No NA
Pump/Lift Tank: Yes No NA
Size: 500 (gal) No NA
B. OTHER: Yes No If yes, please attach description.

IV. DISPOSAL SYSTEM:
Disposal Type: SDR 41 (6")
Manufacturer and Model: R RAIN
Area Proposed: 51054 # Area Required: 46884

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]



JOHNSON COUNTY - OSSF SOIL EVALUATION FORM

Date Performed: 11/18/2017
 Owner's Name: MIKE WHITE
 Physical Address: 11340 DL 604
 Site Evaluator: BRUCE GRASSL PETERSEN O.S. Number: 27616
 Proposed Excavation Depth: 2'

*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' below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

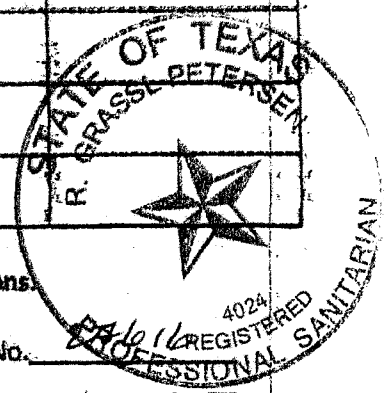
* Please describe each soil horizon and identify any restrictive features in the space provided below. Draw lines at the appropriate depths.

Soil Boring Number B1

Depth - Inches	Textural Class	Drainage/Mottles - Water Table	Restrictive - Horizon	Comments
12	CLASS IV CLAY	/	Y	U
24				
36				
48				
60				

Soil Boring Number B2

Depth - Inches	Textural Class	Drainage/Mottles - Water Table	Restrictive - Horizon	Comments
12	SAME			
24				
36				
48				
60				



I certify that the above statements are true and are based on my own field observations.

ATTESTED BY: [Signature]
 Signature

Site Evaluator No. PA 1616
817 644 0095
 Address Phone

1615 LYNNHAVEN
 Address

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

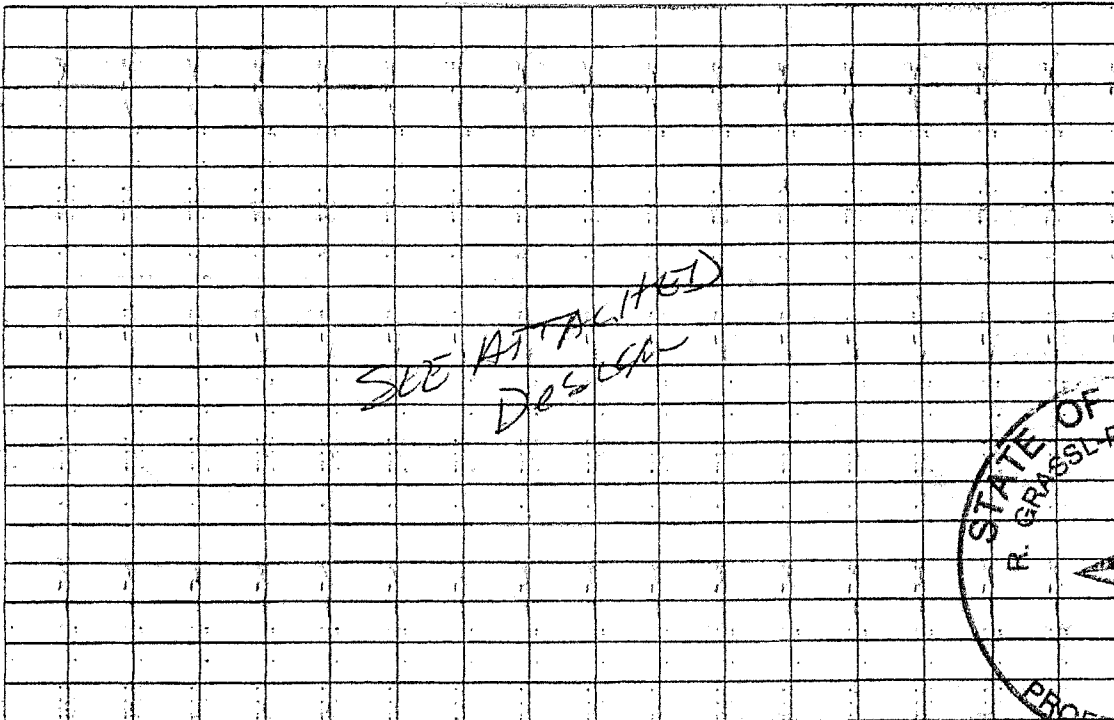
Date 11/18/2017
 Name MIKE WHITE Phone 817 774 2818
 Address 11340 CR 604

PROPERTY LOCATION

Lot _____ Block _____ Subdivision _____
 Street/Road Address _____
 Additional Information _____

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

ATTESTED BY: [Signature]
 Signature _____

Firm Panel# _____

Site Evaluator No. 27616

1615 LYNNHAVEN

817.994.10095

Address

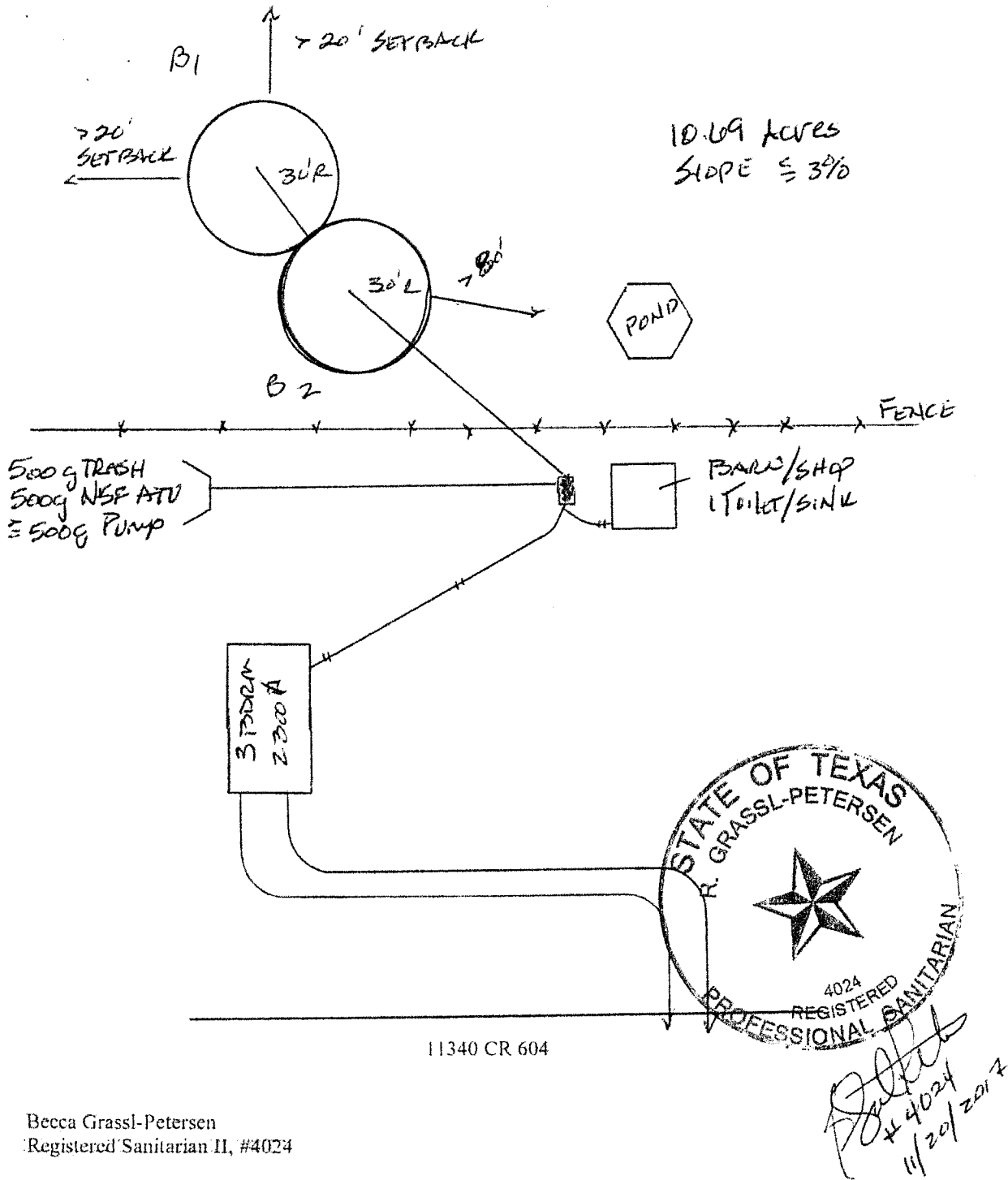
Phone

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

Date: 11/20/2017
Scale 1" = 60'

N



Becca Grassl-Petersen
Registered Sanitarian II, #4024

Becca Grassl-Petersen, R.S.H

Professional Sanitarian #4024

1615 Lynnhaven Road

Fort Worth, TX. 76103

817:994:0095

Date: 11/20/2017

Design Purpose: Proposed Residential Onsite Sewage Facility

Location of Proposed Onsite Sewage Facility: 11340 CR-604, Johnson County, TX

Designed for: Charles Blecker (Installer)

The following information is designed in accordance with TAC 285 for the location intended.

Number of Bedrooms: 3 + shop with toilet/sink; w/water saving devices

Square Footage: 2300

Site Evaluation: This site is suitable to support vegetation

Estimated Daily Flow: 240gpd + 60gpd=300

Loading Rate: .064

Disposal Area Required: 4688sqft

Disposal Area Proposed: 5654sqft; 2-30' 360 degree spray heads

Primary water source: Co-op

Minimum Requirements for System Installation:

Sewer Cleanout: Double

Sewer Pipe: Schedule 40 or SDR 26 PVC from building to tank inlet

Sewer Pipe Slope: 1/8 per foot of fall

Tank Installation: If needed, follow specifics from TAC 285.32 (F);

4" Class III Soil pad below tanks

All tanks with ground surface risers must have double lids for protection from unauthorized access

All tanks must be watertight

Private water lines within 10' of the tanks must be sleeved or moved to adhere to 10' setback

Primary Tank:

500gallon

TAC 285.32 required inlet/outlet devices used

Aerobic Class I Tank:

500 gallon

NSF Approved

See manufacturer's specifications

Inline Chlorinator(s): installed post aerobic unit; liquid or tablet fed; must be NSF approved

Pump Tank:

500 gallon

All electrical wiring must meet the National Electric Code requirements

All electrical components must be contained in a code approved watertight electrical grade box

All wiring must be contained in code approved rigid; non metallic grey conduit

1/2 hp

Manual override

Mercury floats on a separate circuit from the pump

Wall mounted electrical components are to be in site of the lift station with an electrical disconnect

Visual and audible high water alarm required

Dosing Volume: 150 gallons

Timer: is not required for this system

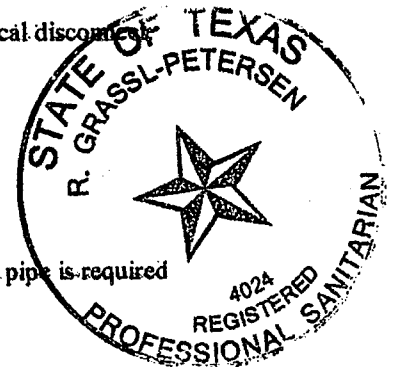
For more specifications see TAC 285.34(c)

Pipes and Fittings:

Schedule 40 or SDR 26 PVC for sewer line is required

Between tanks: SDR 35 is allowed

Disposal line from the treated effluent pump tank: Schedule 40 PVC 3/4" to 1" purple pipe is required



One-foot of separation below any water line
Disposal line is to be a depth of 12 inches to avoid freezing
Private water lines within 10' of sewer manifold must be sleeved or moved to adhere to 10' setback

Sprinkler Heads:

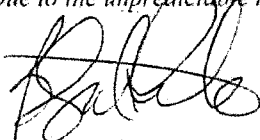
Low angle (13 degree), non-aerosol nozzles are to be used
Purple colored tops
Heads are to be installed at grade and protected, if need be from hooved animals or mowers.
A check valve is required to prevent back flow into the pump tank
Natural grasses are to be mowed and maintained in the disposal field year round

Important Facts:

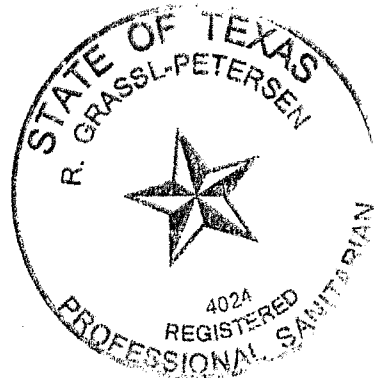
- Grease, oil, bleach, medications and other non-biodegradable products or hazardous compounds and chemicals are to be avoided at all cost to protect the integrity of this system. Failure to comply could result in costly damage to the system and legal action against the operator by the permitting authority.
- Avoid hydraulic over use; stay with in permitted daily flow
- Only septic system approved chlorine is allowed in the chlorinator
- Chlorine residual is to be maintained at 1.0mg/l at all times
- pH is to be maintained between 7 and 8
- Water saving devices are required
- Sludge pumping is recommended every 3 to 5 years
- Do not build on, drive on or torture this system in any way
- Any other requirements or recommendations set forth by the manufacturer or permitting authority to protect the health and safety of humans and the environment.

Contact your permitting authority for service contract requirements in your area.

Due to the unpredictable habits of humans and the ways of nature, this design is not guaranteed



Becca Grassl-Petersen
Registered Sanitarian II, #4024



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):

10.69 Acres, V. Anderson Survey, Abstract # 1
Johnson County, Texas

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

MICHAEL WHITE

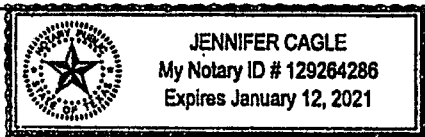
This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

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 7 DAY OF December, 2017
Michael White
Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 7 DAY OF December, 2017.

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



Charles Bleeker Wastewater

908 C.R 914.
Burleson, Texas 76028

817-295-3270 office
817-295-5170 fax

Two year Initial Service Policy

Beginning Date: _____ Ending Date: _____

Our firm Charles Bleeker Wastewater will inspect your _____ aerobic septic system serial # _____, for two years from the date of the contract. There will be three inspections made, one every four months from the original date of the contract.

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 72-hour time period.

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.

HOMEOWNER INFORMATION

PRINTED OWNER NAME: MIKE WHITE
OWNER SIGNATURE: [Signature]
ADDRESS: 11340 CR 609 BURLESON TX
MAILING ADDRESS: 3917 CREEKSIDE CT BURLESON TX
HOME PHONE # 817 774 2818 WORK/CELL # _____
DATE: 12-5-17

SERVICE DEALER & LICENCE # .. **Authorized To Service**
NAME; Charles Bleeker License #71426 Jake McWhirter
SIGNATURE Charles Bleeker