

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: David Disheroon **TODAY'S DATE:** 05/11/2018

DEPARTMENT: Public Works

SIGNATURE OF DEPARTMENT HEAD: _____

REQUESTED AGENDA DATE: 05/29/2018

SPECIFIC AGENDA WORDING: Consideration of variance for two structures on one septic system for family member's medical reasons, located at 4575 CR 703, in Precinct 4.

PERSON(S) TO PRESENT ITEM: David Disheroon

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 10 minutes **ACTION ITEM:** X

WORKSHOP _____

(Anticipated number of minutes needed to discuss item) **CONSENT:** _____

EXECUTIVE: _____

STAFF NOTICE:

COUNTY ATTORNEY: _____ **IT DEPARTMENT:** _____

AUDITOR: _____ **PURCHASING DEPARTMENT:** _____

PERSONNEL: _____ **PUBLIC WORKS:** X

BUDGET COORDINATOR: _____ **OTHER:** _____

*****This Section to be Completed by County Judge's Office*****

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'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. 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
 two residences / Home + shop with sink + toilet 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 Robin Houghton Date 5-4-18

Phone no. 817-933-3765

Email address Houghton1@mac.com

Property Information for Variance Request:

Property 911 address 4575 CR 703, Alvarado TX 76009

Subdivision name _____ Block _____ Lot _____

Survey _____ Abstract _____ Acreage _____

Size of existing residence: 900 sq. ft.

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

ETJ: Yes - City _____ No

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

Reason for request Request a restroom in the shop for unamed medical reasons

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

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: _____ Date 5.4.18

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: Robin Houghton Phone number: 817-933-3768

911 site address: 4575 CR 703, Alvarado TX 76009

Current mailing address: 4605 CR 703, Alvarado TX 76009

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

Legal Description: Metes and Bounds Acreage: 3.15

Recorded deed: Volume _____ Page _____ Survey _____ Abstract _____

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

Well Water or Water provider SCSD

Is this Building: New or Existing

Site Built or Manufactured/Mobile Home Building Square Feet: 900

Single Family # Bedrooms 2 or Multi-Family # Bedrooms _____

Commercial # Employees _____

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.

Robin Houghton _____ 5-4-18 _____
(Signature of Owner or Representative) (Date)

Site Evaluator: THOMAS KOHL License No. 11000

Phone No: 817 739 4234 Other No. _____

Mailing Address: 5207 BROWN CT City TOLAR State TX Zip 76476

Installer: Jabe Robinson License No. 7491

Phone No: 614-5879 Other No. _____

Mailing Address: 5753 Blackburn City Sosham 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@johnsoncountytexas.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: THOMAS KOHL License Type and No. OS 11000

Phone No. 817-739-4234 Other or Fax No. _____

Mailing Address: 5207 BROWN CT City: TOLAR State: TX Zip: 76476

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" pvc sch 40 purple

II. DAILY WASTEWATER USAGE RATE: Q= 240 (gallons/day)

Water Saving Devices: Yes No

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

A. Tank Dimensions: 60" X 120" Liquid Depth (bottom of tank to outlet): 62"

Size proposed: 500 (gal)* Manufacturer: CXT

Material/Model# concrete B 550

Pretreatment Tank: Yes Size: 400 (gal) No NA

Pump/Lift Tank: Yes Size: 750 (gal) No NA

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

IV. DISPOSAL SYSTEM:

Disposal Type: SURFACE APPLICATION

Manufacturer and Model K RAIN

Area Proposed: 3,900' Area Required: 3,750'

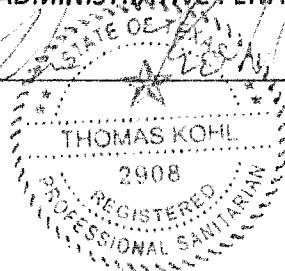
V. ADDITIONAL INFORMATION:

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: DATE: 4/27/2018



JOHNSON COUNTY - OSSF SOIL EVALUATION FORM

Date Performed 4/27/2018
 Owner's Name _____
 Physical Address 4575 CR 703
 Site Evaluator THOMAS KOHL O.S. Number 11000
 Proposed Excavation Depth 0

*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 1

Depth Inches	Textural Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
<u>12</u>	<u>IV</u>	<u>NO</u>	<u>NO</u>	<u>UN SUITABLE</u>
<u>24</u>	<u>"</u>			
<u>36</u>	<u>"</u>			
<u>48</u>				
<u>60</u>				

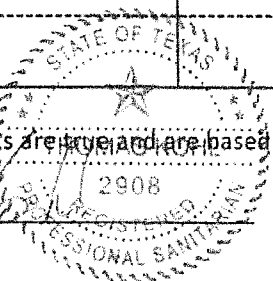
Soil Boring Number 2

Depth Inches	Textural Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
<u>12</u>	<u>IV</u>	<u>NO</u>	<u>NO</u>	<u>UN SUITABLE</u>
<u>24</u>	<u>"</u>			
<u>36</u>	<u>"</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]
 Signature _____ Site Evaluator No. 11000

5207 BROWN CT TOLAR TX 76476 Address 817-739-4234 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 EVALUATION REPORT

Date 4/27/2018

Name _____ Phone _____

Address _____

PROPERTY LOCATION

Lot _____ Block _____ Subdivision _____

Street Address 4575 CR 703

Additional Information SEE ATTACHED

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).

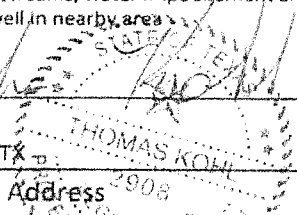
Presence of 100 year flood zone	Yes _____	No <u>X</u> _____
Presence of upper water shed	Yes <u>X</u> _____	No _____
Presence of adjacent ponds, streams, water impoundment area	Yes _____	No <u>X</u> _____
Existing or proposed water well in nearby area	Yes _____	No <u>X</u> _____

Firm Panel # 200J

ATTESTED BY: _____
Signature _____

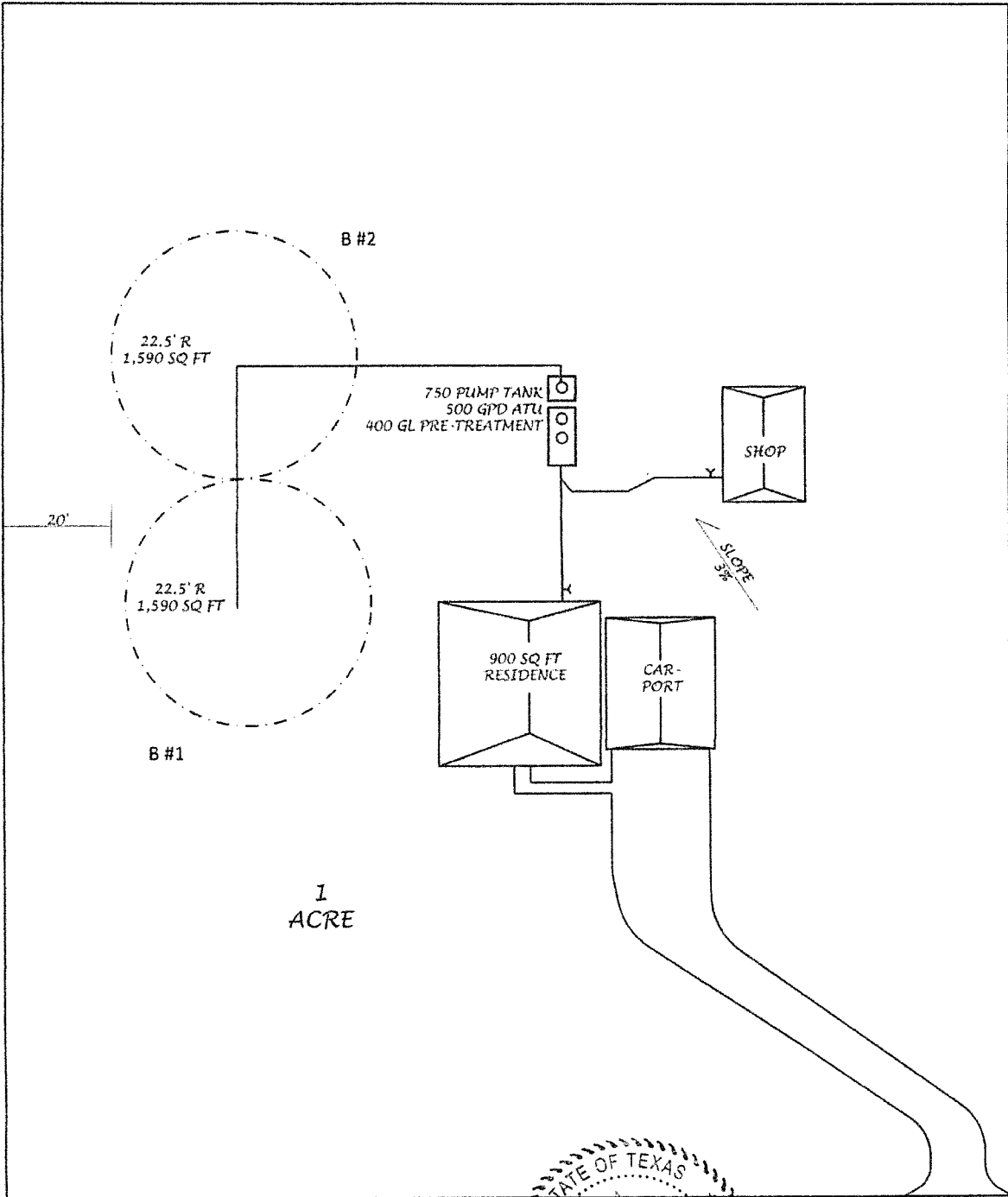
Site Evaluator No. 11000

5207 BROWN CT TOLAR TX _____
Address _____ Phone 817 739 4234



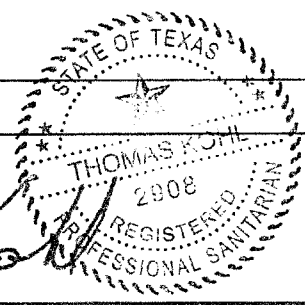
The information on this report is required by Johnson County. The design, construction and installation of each system is based upon specific conditions affecting each lot or tract and must be subsequently approved by Johnson County.

Revised 08/09/2017



CR 703

Thomas Kohl



0 ft. 9 ft. 15 ft. 30 ft.



THOMAS KOHL RS 2908
4575 CR 703 4/27/2018

Professional Sanitarian

5207 Brown Court
Tolar TX 76476

Thomas Kohl, RS

Telephone (817) 739-4234

**DESIGN CRITERIA FOR A PRIVATE SEWAGE DISPOSAL SYSTEM
WITH AEROBIC TREATMENT AND SURFACE DISCHARGE**

Date: 4/27/2018
Site Location: 4575 CR 703
Johnson County
Prepared for: Jabe Robinson

NOTE: All uncovered tank openings must have secondary protection to guard against accidental entry!

The following information will serve as design documentation for the installation of an aerobic surface discharge wastewater disposal system. This report should be submitted to the County Health department for review and design approval.

DESIGN PARAMETERS

Estimated Flow:	240 GPD
Loading Rate:	.064
Area Required:	3,750 SQ FT
Area Designed:	3,900 SQ FT
Chlorinator:	NSF Approved

SYSTEM SPECIFICATIONS

Primary Clarifier Size:	400 gal.
Aerobic Unit:	500 Gpd ATU
Pump Tank:	750 gal
Pump Specifications:	1/2 hp
Dosing Volume:	200 gal.
Effluent Timer:	Not Needed

Site Evaluation and Structure: This is a design for a 2 bedroom 900' residence and work shop. There is adequate soil for the establishment of turf grass.



Thomas Kohl, RS 2908



INSTALLATION REQUIREMENTS:

Treatment Unit: Pretreatment of effluent shall meet the requirements for a NSF, Standard 40, Class I effluent by means of aerobic action and a contact chlorine chamber. Effluent should maintain a residual chlorine level of no less than 1.0 mg/l with a pH of 7 to 8.

Pipe and Fittings: Schedule 40 PVC pipe should be used in the installation. 3/4 or 1 inch PVC should be used in order to provide adequate pressure. If sprinkler line crosses any water line, the sprinkler line must be a minimum of one foot beneath the water line. Supply lines should be buried to a depth of no less than 12 inches to provide adequate insulation against freezing during periods of cold climatic conditions.

Pump, Float Controls, And Alarm System: Pump controls should include a manual override to turn off the system in case of an emergency. An automated mercury float switch on a separate circuit from the pump is also necessary for all pump applications. A high water switch with a visual and audible alarm will be required in the pump chamber set at a level allowing 1/3 day reserve capacity in case of pump failure. All electrical connections should be made outside the liquid chamber.

Sprinkler Heads: Rainbird (Max-Paw 3 GPM) non-aerosol *or equivalent* should be used. All sprinkler heads should be adjusted to deliver water at less than a 13 degree angle. Sprinkler heads placed at an elevation higher than the pump tank should be equipped with check valves in order to prevent liquid backflow into the holding tanks.

Landscape Plan: Area used for effluent application will be left in native or improved vegetation in order to provide a vegetative cover. Effluent should not be applied to garden or fruit products. At no time shall effluent be applied to bare ground.

SAFE DISTANCE SET BACKS:

SPRAY PATTERN TO PROPERTY LINES: 20 FEET

MAINTENANCE REQUIREMENTS:

- A. A two-year service contract is required to provide, as part of the basic purchase price, by Manufacturers and distributors of onsite aerobic plants sold in Texas.
- B. An additional fee can be charged for renewal of the service contract after the initial two-year period.
- C. Owners of plants utilizing surface application for disposal of wastewater must have a service contract continuously in place to legally operate their systems.
- D. State policy calls for a site visit at least once every four months; more frequent is better.
- E. Sludge accumulation in the tanks should be monitored and pumped as required. Accumulation of grease and other solid waste should be closely monitored. **Failure to do so will cause premature system failure.**

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

I, Robin Houghton
(Must be the name of the person listed on current deed for property)

Give Authorization To:

Jake Robinson
Individual Name

OR

Business Name and Representative (If Applicable)

To Acquire an OSSF Permit for the following location:

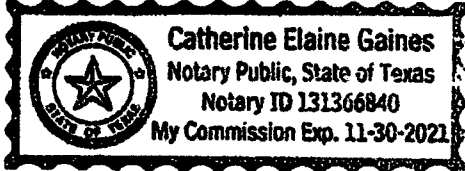
4575 CR 703
911 Address
Alvarado TX 76009
City

WITNESS BY HAND(S) ON THIS 4th DAY OF May, 2018

Robin Houghton
Property Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 4th DAY OF May, 2018

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



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):

CH Jones Abstract 455
3.15 Acres
Johnson County

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

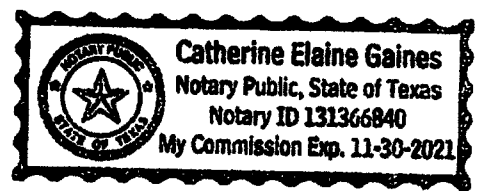
This OSSF shall be covered by a continuous service policy for the first two years. After the initial two-year service policy, the owner of an aerobic treatment system for a single family residence shall either obtain a maintenance contract within 30 days or maintain the system personally.

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 4th DAY OF May, 2018
Robin Houghton
Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 4th DAY OF May, 2018.
Catherine Gaines

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



Johnson County Public Works

Johnson County Public Works

1 North Main Street, Suite 305

Cleburne, TX 76033 (817) 556-6380

Receipt Number: 2018-629

5/9/2018 11:41 AM CG 1

Descriptions:

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

Received From:

Houghton Robin
4575 CR 703 Alvarado

Amount Received:

\$100.00

Payment Information:

Check #2909

Permit

D17167

Signature / Initials: _____

CG 1 5/9/2018 11:41 AM