

AUG 13 2018

Approved

<b><u>REQUEST FOR AGENDA PLACEMENT FORM</u></b> Submission Deadline - Tuesday, 12:00 PM before Court Dates	
SUBMITTED BY: David Disheroon    TODAY'S DATE: 08/03/2018	
<b><u>DEPARTMENT:</u></b>	Public Works
<b><u>SIGNATURE OF DEPARTMENT HEAD:</u></b>	_____
<b><u>REQUESTED AGENDA DATE:</u></b>	08/13/2018

**SPECIFIC AGENDA WORDING:** Consideration of variance for two commercial buildings on one septic system at 201 FM 2738 in Precinct 3 -Public Works Department

<b><u>PERSON(S) TO PRESENT ITEM:</u></b> David Disheroon	
<b><u>SUPPORT MATERIAL:</u></b> (Must enclose supporting documentation)	
<b>TIME:</b> 10 minutes <small>(Anticipated number of minutes needed to discuss item)</small>	<b>ACTION ITEM:</b> <u> X </u> WORKSHOP _____ <b>CONSENT:</b> _____ <b>EXECUTIVE:</b> _____
<b><u>STAFF NOTICE:</u></b> COUNTY ATTORNEY: _____ IT DEPARTMENT: _____ AUDITOR: _____ PURCHASING DEPARTMENT: _____ PERSONNEL: _____ PUBLIC WORKS: <u> X </u> BUDGET COORDINATOR: _____ OTHER: _____	
<b>*****This Section to be Completed by County Judge's Office*****</b>	
ASSIGNED AGENDA DATE: _____ REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____	
COURT MEMBER APPROVAL _____	Date _____

Dull

pt. 3



### 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 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 H&T Property Management Date 8-1-18

Phone no. 774-7188

Email address jrobinson@rawhide services.com

Property Information for Variance Request:

Property 911 address 201 FM 2738

Subdivision name \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Survey WM Hickman Abstract 327 Acreage 5.7

Size of existing residence: NA sq. ft.

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

ETJ:  Yes - City Deer  No

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

Reason for request Two buildings on one septic  
please (one sink / one toilet in each bldg  
two per Lisa Thompson)

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

**PAID**





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 8/1/18
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: LISA Thompson Phone number: 817-774-7188
911 site address: 201 FM 2738
Current mailing address: 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: 5.7 Tract
Recorded deed: Volume Page Survey W.M. Hickman Abstract 327

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

Well Water or Water provider Mountain Peak

Is this Building: New or Existing
Site Built or Manufactured/Mobile Home Building Square Feet: 21000 SF.
Single Family # Bedrooms 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.

Signature of Owner or Representative: Lisa Thompson Date: 7-17-18

Site Evaluator: T Kohl License No. 2408
Phone No: 5707 Brown Ct Other No.
Mailing Address: Galar Texas City State Zip
Installer: Jabe ? License No. 7491
Phone No: 614-3879 Other No.
Mailing Address: 5753 Blackhawk 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@johnsoncountytexas.org (817) 556-6380

ON-SITE SEWAGE FACILITY TECHNICAL INFORMATION FOR PERMIT

PROFESSIONAL DESIGN REQUIRED: [X] Yes [ ] No If Yes, professional design attached: [X] Yes [ ] No

Designer Name: T Kohl License Type and No. 7908

Phone No. 734-4234 Other or Fax No.

Mailing Address: 5207 Brown City: Tolar State: Zip:

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

Stub out to treatment tank: 2" 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: [X] Yes [ ] No

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

A. Tank Dimensions: 66" x 120" Liquid Depth (bottom of tank to outlet): 62"

Size proposed: 500 (gal)\* Manufacturer: LXI

Material/Model# B550 concrete

Pretreatment Tank: [X] Yes Size: 400 (gal) [ ] No [ ] NA

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

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

IV. DISPOSAL SYSTEM:

Disposal Type: spray.

Manufacturer and Model K Pump

Area Proposed: 5,652 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: [Signature] DATE: THOMAS KOHL 2008



# JOHNSON COUNTY - OSSF SOIL EVALUATION FORM

Date Performed 7-7-18  
 Owner's Name LTI Management  
 Physical Address 201 I-49 2738  
 Site Evaluator T Kohl O.S. Number 2908  
 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 # 1

Depth Inches	Textural Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
= <u>12</u>	TV S	Brown	Clay	
= <u>24</u>				
= <u>36</u>				
= <u>48</u>				
= <u>60</u>				

Soil Boring Number # 2

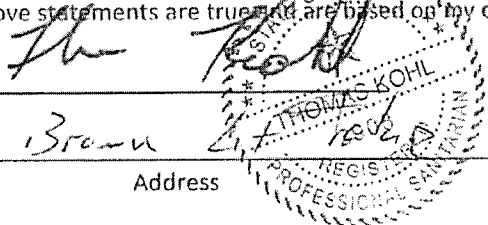
Depth Inches	Textural Class	Drainage/Mottles Water Table	Restrictive Horizon	Comments
= <u>12</u>				
= <u>24</u>				
= <u>36</u>				
= <u>48</u>				
= <u>60</u>				

SAME AS #1

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

ATTESTED BY:

Signature \_\_\_\_\_



Site Evaluator No. 2908

5207 Brown  
 Address

434-4734  
 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 7-7-18  
Name LFT Magnan Phone 774-7188  
Address 201 FM 2738

PROPERTY LOCATION

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address 201 FM 2738  
Additional Information \_\_\_\_\_

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).

*see attached*

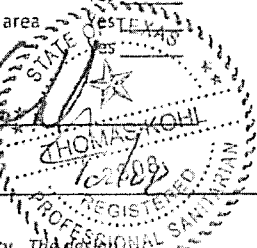
Presence of 100 year flood zone Yes \_\_\_\_\_ No   
Presence of upper water shed Yes \_\_\_\_\_ No   
Presence of adjacent ponds, streams, water impoundment area Yes \_\_\_\_\_ No   
Existing or proposed water well in nearby area Yes \_\_\_\_\_ No

Firm Panel # 02255

ATTESTED BY:

Signature [Signature] Site Evaluator No. 2408

5207 Brown Ln Address 10209 Phone 739-4234

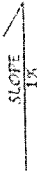
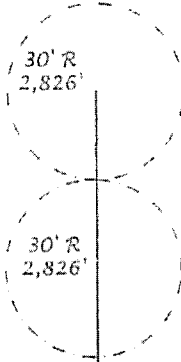


The information on this report is required by Johnson County. The design, construction and installation of each system is based upon specific conditions affecting each lot or tract and must be subsequently approved by Johnson County.

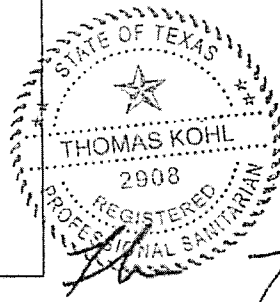
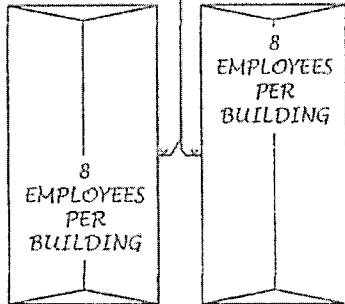
Revised 08/09/2017

B #2

B #1



500 GPD ATU



0 ft. 24 ft. 40 ft. 80 ft.



THOMAS KOHL RS 2908

201 FM 2738

6/26/2018



THOMAS KOHL RS  
Professional Sanitarian

5207 Brown Court  
Tolar TX 76476  
Phone (817) 739-4234

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

Date: 6/26/2018  
Site Location: 201 FM 2738  
Johnson County  
Prepared for: Troy Thompson

**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 (16 Employees at 15 gpd each)  
Loading Rate: .064 gpd/sq. ft.  
Area Required: 3,750 sq. ft.  
Area Designed: 5,652 sq. ft.  
Chlorinator: NSF Approved

SYSTEM SPECIFICATIONS

Pre-Treatment Size: 400 gal.  
Aerobic Unit: 500 Gpd ATU  
Pump Tank: 750 gal  
Pump Specifications: 1/2 hp  
Dosing Volume: 240 gal.  
Effluent Timer: Needed

**Site Evaluation and Structure:** This is a design for an office warehouse. 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, LISA Thompson  
(Must be the name of the person listed on current deed for property)

Give Authorization To:

Individual Name

OR Roughide Services  
Business Name and Representative (If Applicable)

To Acquire an OSSF Permit for the following location:

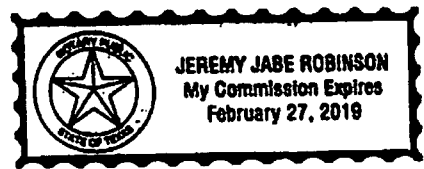
201 Fm. 2738  
911 Address  
ALVARADO TX 76009  
City

WITNESS BY HAND(S) ON THIS 17 DAY OF July, 2018

Lisa Thompson  
Property Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 17 DAY OF July, 2018

Jeremy Jabe Robinson  
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):

Abstr 327 FR 37 WM Hickman Survey  
Johnson County  
5.7 acres

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

Lisa Thompson LRT Property Mgmt

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 17<sup>th</sup> DAY OF July, 2018

Lisa Thompson  
Owner(s) Signature(s)

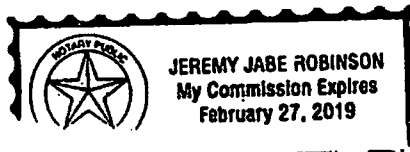
SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 17<sup>th</sup> DAY OF July, 2018

Jeremy Jabe Robinson

Notary Public, State of Texas

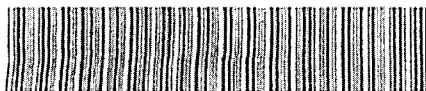
Notary's Printed Name:

My Commission Expires:



Johnson County  
Becky Ivey  
County Clerk  
Cleburne 76033

COPY



70 2018 00021097

Instrument Number: 2018-21097

As

Affidavit

Recorded On: July 30, 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.

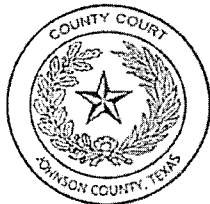
File Information:

Document Number: 2018-21097  
Receipt Number: 136931  
Recorded Date/Time: July 30, 2018 02:50:54P

User / Station: L Bailey - CCL30

Record and Return To:

JABE ROBINSON  
5753 BLACKBURN DRIVE  
ENV  
JOSHUA TX 76058



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

**TWO YEAR  
WASTEWATER TESTING AND REPORTING AGREEMENT**

Rawhide Service Company  
5753 Blackburn Rd. • Joshua, Texas 76058  
Jabe Robinson - On Site Installer II - LIC #0S7491  
Phone: (817) 929-1789 • Fax: (817) 517-5780

**Inspection Calls GUARANTEED for Term of Agreement**

(Please Print)

Owner Name Lisa Thompson Address 201 FM 2738  
City/ST/Zip Alvarado 76009 Phone 817-774-7188  
County Texas Original Install Date \_\_\_\_\_ Renewal Date \_\_\_\_\_  
Manufacturer of System Nu Water Installer Name Jabe Robinson

The Texas Natural Resources and Conservation Commission and your local government agency require Owners and operators of Aerobic Wastewater Treatment Systems to have an initial two-year contract and thereafter annual contracts for the inspections for the use and operation of such treatment systems.

**Initial Terms:** Begins on date of receipt of paid renewal agreement by Rawhide Service Co. and ends twenty-four (24) months later.

**Duties of Inspector:** During the term of this agreement and any extensions thereof, the Inspector shall inspect Owner's aerobic wastewater treatment systems every 4 months, and report to the Owner and appropriate government agencies the Inspector's findings about the operation and use of the system; including it's pumps, aerators, alarms, switches and valves within the required 10 (ten) days. Inspector shall make such field tests as required by government/regulatory agencies. In most cases requests for service or repair will be answered in 24 hours, however all will be answered within 5 (five) working days. Jabe Robinson is the certified Inspector on all contracted systems.

**\*\*\*Laboratory testing, adding chlorine, pumping, replacement parts, labor or materials for the unit shall be at the Owner's expense and not covered by this agreement.\*\*\***

**DUTIES OF THE OWNER:** Owner shall notify Inspector immediately of any malfunctions or failure of the system. Owner represents that he/she is the Owner of such system and authorized to enter into this agreement. Owner agrees to monitor and replenish chlorine in the system as needed.

**ASSIGNABILITY:** This agreement does not run with the system and shall not be assigned by the Owner to any subsequent Owner of the system.

**RENEWAL FEE:** Prior to the expiration of the term of the Owner's agreement with Rawhide Service Co., the Owner will be notified by letter. A contract rate of \$150 will be the consideration for renewal of contract with Rawhide Service Company.

**PLEASE MAKE YOUR CHECK PAYABLE TO:  
RAWHIDE SERVICE COMPANY**

**TERMINATION OF AGREEMENT:** This agreement shall terminate upon written notice from either party, or upon Owner default in payment of renewal fee.

Lisa Thompson  
Owner \_\_\_\_\_ Date \_\_\_\_\_

Jabe Robinson 7-17-18  
Jabe Robinson \_\_\_\_\_ Date \_\_\_\_\_  
(Agreement authorized with signature only)