



JOHNSON COUNTY PUBLIC WORKS

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

Application for 'Authorization to Construct' Commercial OSSF System

Office use only

Authorization to Construct Permit # _____ 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: _____ Date _____

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

Deeded Property Owner: _____ Phone number: _____

911 Site address: _____

Current mailing address: _____

Email address: _____

Is applicant a corporation, partnership or sole proprietorship? _____

If a partnership, provide the names of the partners and their addresses and telephone numbers on a separate page.

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 _____ Abstract _____

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

Well Water **or** Water provider _____

Is this Building: choose one New **or** Existing Building use _____

Employees _____ # of Buildings _____ Building Square Feet (ea) _____

Is this Application for: choose one New System **or** Replacing System **or** Replacing Tank
or Re-hook to new structure **or** Disposal Spray head Relocate

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 Deeded Property Owner or Representative)

(Date)

Site Evaluator: _____

License No. _____

Phone No: _____

Other No. _____

Mailing Address: _____

City _____ State _____ Zip _____

Installer: _____

License No. _____

Phone No: _____

Other No. _____

Mailing Address: _____

City _____ State _____ Zip _____

******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: _____ License Type and No. _____

Phone No. _____ Other or Fax No. _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

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

Stub out to treatment tank: _____

Treatment tank to disposal system: _____

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

Water Saving Devices: Yes No

III. TREATMENT UNIT(S): Septic Tank Aerobic Unit # of Tanks: _____

A. Tank Dimensions: _____ Liquid Depth (bottom of tank to outlet): _____

Operating Size: _____ (gal)* Material _____

Manufacturer: _____ Model# _____

Pretreatment Tank: Yes No NA Operating Size: _____ (gal) No NA

Pump: Yes No NA Operating Size: _____ (gal) No NA

Lift Tank: Yes No NA Operating Size: _____ (gal) No NA

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

IV. DISPOSAL SYSTEM:

Disposal Type: _____

Manufacturer: _____ Model# _____

Square Ft Area Proposed: _____ Square Ft Area Required: _____

Linear Ft Length Proposed: _____ Linear Ft Length Required: _____

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 DESIGNER: _____ DATE: _____

JOHNSON COUNTY - OSSF SOIL EVALUATION FORM

Date Performed _____

Owner's Name _____

Physical Address _____

Site Evaluator _____

O.S. Number _____

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>				
= <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>				

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

ATTESTED BY:

Site Evaluator Signature _____

Site Evaluator No. _____

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

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

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 _____ DAY OF _____, 2____

Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 2____.

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

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, _____,
(Must be the name of the person listed on current deed for property)

Give Authorization To:

Individual Name

OR

Business Name and Representative (If Applicable)

To Acquire an OSSF Permit for the following location:

911 Address

City

WITNESS BY HAND(S) ON THIS _____ DAY OF _____, 2____

Property Owner(s) Signature(s)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____, 2____

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