



# JOHNSON COUNTY PUBLIC WORKS

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

## Application for 'Authorization to Construct' Residential 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: \_\_\_\_\_

*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

choose one     Site Built    **or**     Manufactured/Mobile Home    Building Square Feet: \_\_\_\_\_

choose one     Single Family # Bedrooms \_\_\_\_\_    **or**     Multi-Family # Bedrooms \_\_\_\_\_

**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\*\*\*\***



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## 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 <b>(insert legal description):</b>
The property is owned by <b>(print owner's full name):</b>

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: