JOHNSON COUNTY DEVELOPMENT SERVICES

2 North Mill Street/Suite 305, Cleburne, TX 76033
development@johnsoncountytx.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 Development Services 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	Operating Size:_____(gal)	☐ No	☐ NA
Pump:	☐ Yes	Operating Size: _____(gal)	☐ No	☐ NA
Lift Tank:	☐ Yes	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 PENALITIES.

SIGNATURE OF DESIGNER: _____ DATE: _____

Revised 10/1/2025

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
= 12				
= 24				
= 36				
= 48				
= 60				

Soil Boring Number #2

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

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

Revised 10/1/2025

JOHNSON COUNTY - SITE EVALUATION REPORT

Date _____
Name _____ Phone _____
Address _____

PROPERTY LOCATION
Lot_____ Block _____ Subdivision _____
Street Address _____
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).

Presence of 100 year flood zone Yes _____ No _____ Firm Panel #_____
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:
Site Evaluator Signature _____ Site Evaluator No. _____

_____
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 10/1/2025

Aerobic System Only

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 DEVELOPMENT SERVICES.

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 DEVELOPMENT SERVICES
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: