



Johnson County Public Works Department
2 North Mill Street, Suite 305, Cleburne, TX 76033
Phone: 817-556-6380 Fax: 817-556-6391

SEPTIC PERMIT INFORMATION

Conventional or Alternative Septic Permit Information

- Application** – all forms used must be our state approved forms including **Technical Sheet**.
- Site and Soil Evaluation Test results** performed by a certified Engineer or Sanitarian. This will determine what kind of system can be installed.
- Engineer's Design of the system** to be installed. Design must be approved by director or head inspector. *The design may be emailed (development@johnsoncountytexas.org) or faxed in for approval prior to purchase but all originals are needed to purchase the permit.*
- Fee for this permit is \$375.00** payable in cash, check, or money order.*

Aerobic Septic Permit Information

- Application** – all forms used must be our state approved forms including **Technical Sheet**.
- Engineer's Design of the system** to be installed. Design must be approved by Director or Inspector. *The design may be emailed (development@johnsoncountytexas.org) or faxed in for approval prior to purchase, but all originals are needed to purchase the permit.*
- Site and Soil Evaluation Test results** performed by a certified Site Evaluator or a Professional Engineer. This will determine what kind of system can be installed.
- Service Contract** – Must be signed by both parties, dated and list the servicer's name, address, and phone number along with the homeowner's name, address, and phone number.
- Affidavit to the Public** – A certified copy of the notarized affidavit AFTER it has been filed in the County Clerk's office – recording section. It must have a copy of the legal description attached as an exhibit. *(Payable by Cash or credit card only at the County Clerk's office).*
- Fee for this permit is \$475.00** payable in cash, check, or money order.*

**The landowner, septic installer, or contractor may purchase this permit. NOTE: Our Application form requires the landowner's original signature and our Technical and Site Drawing forms require the date and original signature and stamp of the designer and signature of site evaluator.*

PLEASE NOTE: Before a permit may be issued we must have signed originals of the following:
Conventional – 4 page Design and Site & Soil Evaluation forms
Aerobic – our 4 page Design, Site & Soil Evaluation forms, Contract & Filed Affidavit



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Application for 'Authorization to Construct' OSSF System

Office use only Authorization to Construct Permit # _____ Date _____
 FIRM Panel # _____ 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

Property Owner's Name: _____ Ph. # _____
 911 site address: _____ Current mailing address: _____
 Legal Description: Metes and Bounds: Acreage: _____
 Recorded deed: Volume _____ Page _____ Survey _____ Abstract _____ -or-
 Subdivision: _____ Lot #: _____ Blk #: _____ Phase / Section #: _____

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

Type of Home / Building: New Existing Site Built Manufactured Bldg. Sq. Ft. _____
 Single-Family # Bdrms _____ Multi-Family # Bdrms _____ Commercial # Employees _____
 Well -or- Water Co. _____

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) (Date)

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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

A. Tank Dimensions: _____ Liquid Depth (bottom of tank to outlet): _____
Size proposed: _____ (gal)* Manufacturer: _____
Material/Model# _____

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

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

IV. DISPOSAL SYSTEM:

Disposal Type: _____
Manufacturer and Model _____
Area Proposed: _____ Area 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 INSTALLER OR 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 _____

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 _____

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:

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.

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: