BELL COUNTY PUBLIC HEALTH DISTRICT

APPLICATION TO CONSTRUCT OSSF

PLEASE CHECK ONE
- ☑ New Installation
- ☐ Replacement
- ☐ Alteration
- ☐ Repair
- ☐ Affidavit / MC

Bell County Use Only

EMAILED _____ CITY _____ FEE $ _____
AUTHORIZATION _____ AMOUNT PAID $ _____ CC/CK _____
APPROVED _____ DATE _____ RECT # _____
REVIEWED BY: _____ PAID BY _____
COMMERCIAL: _____ VARIANCE REQUESTED: _____

Property ID # 433838

* PROPERTY OWNER'S NAME David Zarczynski

* MAILING ADDRESS 24706 Twin Arrows, SA, TX Zip Code 78258 PHONE # 210 760-7292

SITE LOCATION 23651 Wolfridge Rd City Killeen Zip Code 76549

LEGAL DESCRIPTION Subdivision _____ Block # _____ Lot # _____ Section # _____

or Survey Name M.S. Cearley Abs. # 1248 Vol. # _____ Pg. # _____ Acres 24.035 2025002085

SOURCE OF WATER: Name of Public Water Supply: _____ Private Well: ✓ Public Well: _____

RESIDENTIAL Number of Bedrooms 3 Square feet of living area <2,500

NON-RESIDENTIAL (including multi-family residence) **TYPE OF FACILITY:** _____

(Number of employees/occupants/units) _____ Days occupied per week _____

SITE EVALUATOR: Chad Winkler License # 28982 Phone # 254-721-1467

DESIGNER: Chad Winkler License # 4372 Phone # 254-721-1467

* INSTALLER: Richard Rogers License # 36042 Phone # 254-231-7544

* INSTALLER EMAIL RichardSeptic@gmail.com

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the BCPHD to enter upon the above-described property for the purpose of lot evaluation and inspection of the on-site facility and that a license to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this agency's On-Site Sewage Facility Rules, TITLE 30, TAC Chapter 285.

David Zarczynski 03-24-25

Signature of Owner / Print Name / Date

OFFICE USE ONLY

Treatment		Disposal
Standard _____	Size Req _____	Type _____
Aerobic _____	Size Req _____	_____
No. of bedrooms _____	GPD _____ Soil Type _____	Area Required _____

Comments: _____

BELL COUNTY PUBLIC HEALTH DISTRICT

DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL. SETTING A TANK CONSTITUTES CONSTRUCTION. UNAUTHORIZED CONSTRUCTION CAN RESULT IN LEGAL ACTION.

* OWNER'S NAME: David Zarczynski

SITE LOCATION: 23651 Wolf Ridge Rd, Killeen

Professional design required? ☑ YES ☐ NO

I. SEWER: (House Drain):
Type and size of pipe: 3-4" Sch. 40 Slope of sewer pipe to tank: 1/8 per ft. minimum

II. DAILY WASTEWATER USAGE RATE: Q = 240 (gallons / day)
Water Saving Devices? ☑ YES ☐ NO

III. TREATMENT UNIT:

A: SEPTIC TANK:
Size Required _____ Size proposed: _____

B: AEROBIC:
- Manufacturer: Aeris Model# D-600-M
- Size Required: 500 Size Proposed 600
- Pretreatment Tank? ☑ YES ☐ NO

C: OTHER: _____
(Please attach description)

IV. DISPOSAL SYSTEM:

TYPE: Spray

- Area Required: 3,750 ft^2 Area Proposed: 5,281.48 ft^2

V. ADDITIONAL INFORMATION:

NOTE: THE FOLLOWING INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED

1) Site Evaluation
2) Planning Materials / Design

On-Site Sewage Facility
Soil Evaluation Report Information

Site Location: 23651 Woleridge Rd, Killeen, TX 76549 COUNTY: BELL

Proposed Excavation Depth _____

Test Hole # 1

Depth (inches)	Texture Class	Soil Texture	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0–24"	IV	Clay	None Observed	No	Suit. for Veg.
24"–5					

Test Hole #2

Depth (inches)	Texture Class	Soil Texture	Drainage (Mottles/Water Table)	Restrictive Horizon	Observations
0–24"	IV	Clay	None Observed	No	Suit. for Veg.
24"–5					

At least **two (2)** soil excavations must be performed on the site. **(Locations of soil borings must be shown on the site drawing).**

SUBSURFACE DISPOSAL: Soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. Describe each soil horizon and identify any restrictive features on the form.

SURFACE DISPOSAL: The surface horizon must be evaluated.

I certify that the findings of this report are based on my observations and are accurate to the best of my ability

Chad Winkler / Chad Winkler / 28982 / 3/15/25

Signature of Site Evaluator / Print Name Circle One / P.E. S.E. / License # / (Date)

OSSF SITE EVALUATION

APPLICANT INFORMATION

* Name David Zarczynski
Site Location: 23651 Woleridge Rd
City / State Killeen/TX 76549
Block _____ Lot _____ Section _____

SITE EVALUATOR INFORMATION

Name: Chad Winkler
Address: 6901 FM 972
City/State Bartlett/TX 76511

Please put a check or N/A on each space below;

___ Compass north, ___ adjacent streets, ___ property lines, ___ property dimensions, ___ location of buildings, ___ easements, ___ swimming pools, ___ water lines, and other structures where known.
___Location of existing or proposed water wells within 150 feet of property.
___Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.
___Location of soil borings or dug pits (show location with respect to a known reference point).
___Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers) water. Sharp slopes or breaks.

Lot size: 24.035 Acres

Scale: _____

****DRAINFIELD DRAWING SHOULD BE ON A SEPARATE SHEET****

See

Attachment

Chad Winkler / Chad Winkler / 23982 / 3/15/25

Site Evaluator Signature / Print Name / License # / Date

Circle One / P.E. S.E.

AFFIDAVIT TO THE PUBLIC

(Aerobic System Notice to the Public)

THE COUNTY OF BELL
STATE OF TEXAS

CERTIFICATION OF OSSF REQUIRING MAINTENANCE

According to the Texas Commission on Environmental Quality (TCEQ) Rules for On-Site Sewage Facilities, this document is filed in the Deed Records of BELL COUNTY, Texas.

The Health and Safety Code, Chapter 366 authorizes the Bell County Public Health District (BCPHD) to regulate On-Site Sewage Facilities (OSSF's). Additionally, the Texas Water Code (TWC), § 5.012 and § 5.013, gives the Texas Commission on Environmental Quality (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 OSSF's 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 BCPHD. This deed certification is not a representation or warranty by the TCEQ or the BCPHD of the suitability of this OSSF nor does it constitute any guarantee by the TCEQ or the BCPHD that the appropriate OSSF was installed.

An OSSF requiring a maintenance contract, according to 30 Texas Administrative Code § 285.91 (12) will be installed on the property described as 2025002085

☑ Survey Name M.S. Cearley Abs. # 1248 Vol # _____ Pg # _____ Acres 24.035

OR

☐ Subdivision _____ Block _____ Lot _____ Section/Phase _____

SITE ADDRESS: 23651 Wolferidge Rd, Killeen, TX 76549

* This property is owned by David Zarczynski
PLEASE PRINT OWNER'S NAME LEGIBLY

This OSSF must be covered by a continuous maintenance contract. All maintenance on this OSSF must be performed by an approved maintenance company or the properly trained owner of this property, and a signed maintenance contract must be submitted to the Bell County Public Health District within 30 days after the property has been transferred.

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 the Bell County Public Health District.

WITNESS IN HAND(S) on this 24 day of March, 2025

(Owner or Agent) Signature

David Zarczynski
(Owner or Agent) Printed Name

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS 24 DAY OF March, 2025

HATTI WEATHERFORD
Notary ID #135113197
My Commission Expires
October 1, 2028

Hatti Weatherford
Notary Public, State of Texas

Notary's Printed Name: Hatti Weatherford

My Commission Expires: 10-1-2028