



STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM
 APPLICATION FOR CONSTRUCTION PERMIT

#1

PERMIT NO. 13-01163
 DATE PAID: 5/16/13
 FEE PAID: 300.00
 RECEIPT #: 1107013

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Diogenes & Theresa Duarte

AGENT: Robert Ford NEST INC TELEPHONE: 755-6372

MAILING ADDRESS: 580 HW Guendon Rd LC Fl 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: ✓ BLOCK: ✓ SUBDIVISION: 04-45-16 PLATTED: _____

PROPERTY ID #: 02767-000 ZONING: HA I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 80 ACRES WATER SUPPLY: PRIVATE PUBLIC [] ≤2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 674 SW Bellflower Dr.

DIRECTIONS TO PROPERTY: Hwy 90 west to 247 TL Follow to Troy Rd TR Follow to Mt Carmel CH Rd TR Go to Bellflower TR Go to end Follow DIRT DRIVE

BUILDING INFORMATION

RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>SF Res.</u>	<u>5</u>	<u>6,543</u>	<u>Rec'd engineer letter</u>
2				<u>\$9</u>
3	<u>Plumbing Split</u>	<u>Bottom</u>	<u>600g Per day</u>	
4		<u>TOP</u>	<u>300g Per day</u>	

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Robert W. J. Jr. DATE: 5/24/13

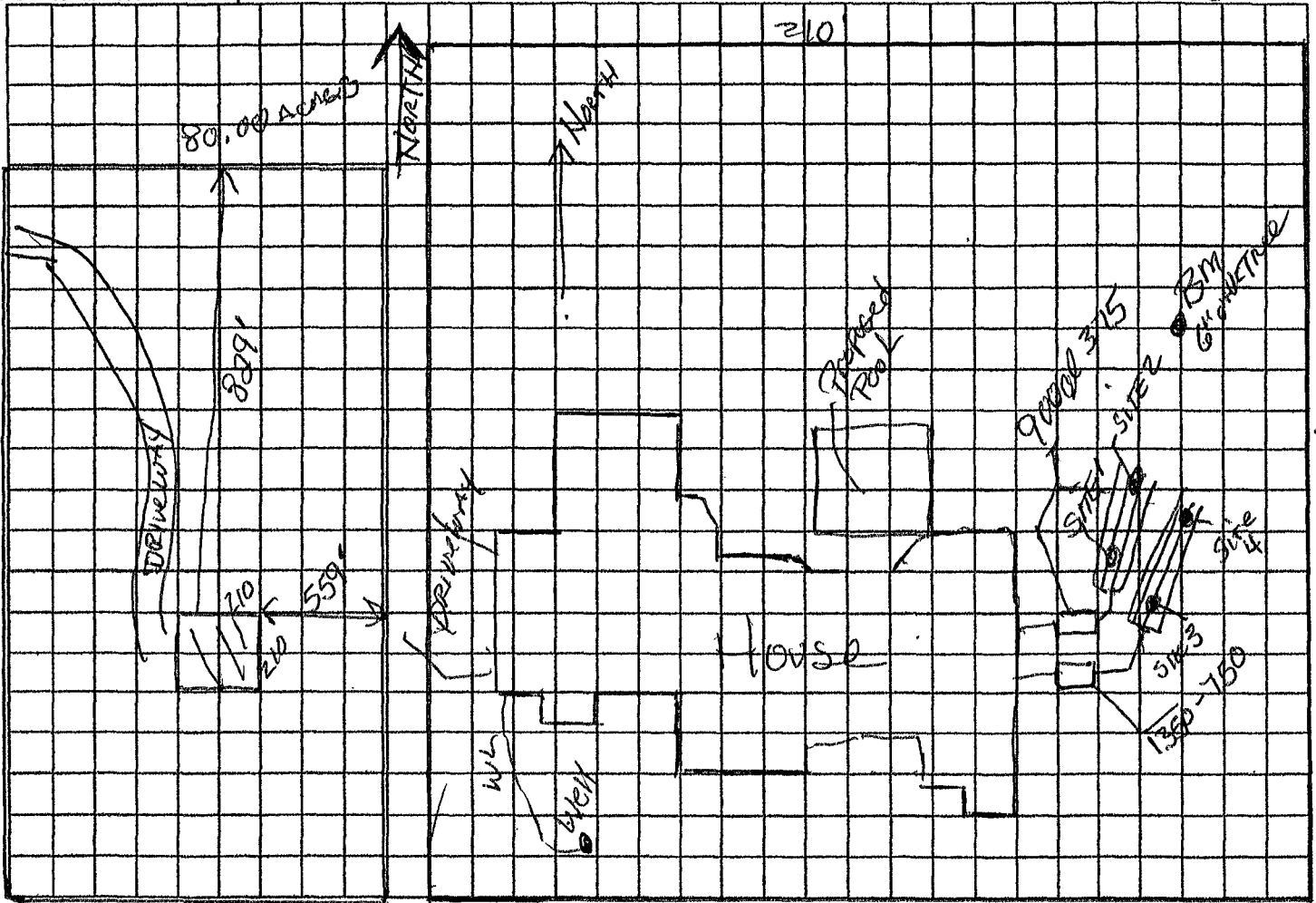
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Permit Application Number 13-0263

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.

1 Acre of 80.00 ACRES



Notes:

DIóGENES DUANTE

80.00 acres 04-45-16-02767-000

Site Plan submitted by: Robert W Ford 4/24/13

Plan Approved X Not Approved _____

By Sally Ford Env Health Director Columbia

Agent

Date 5-9-13

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT