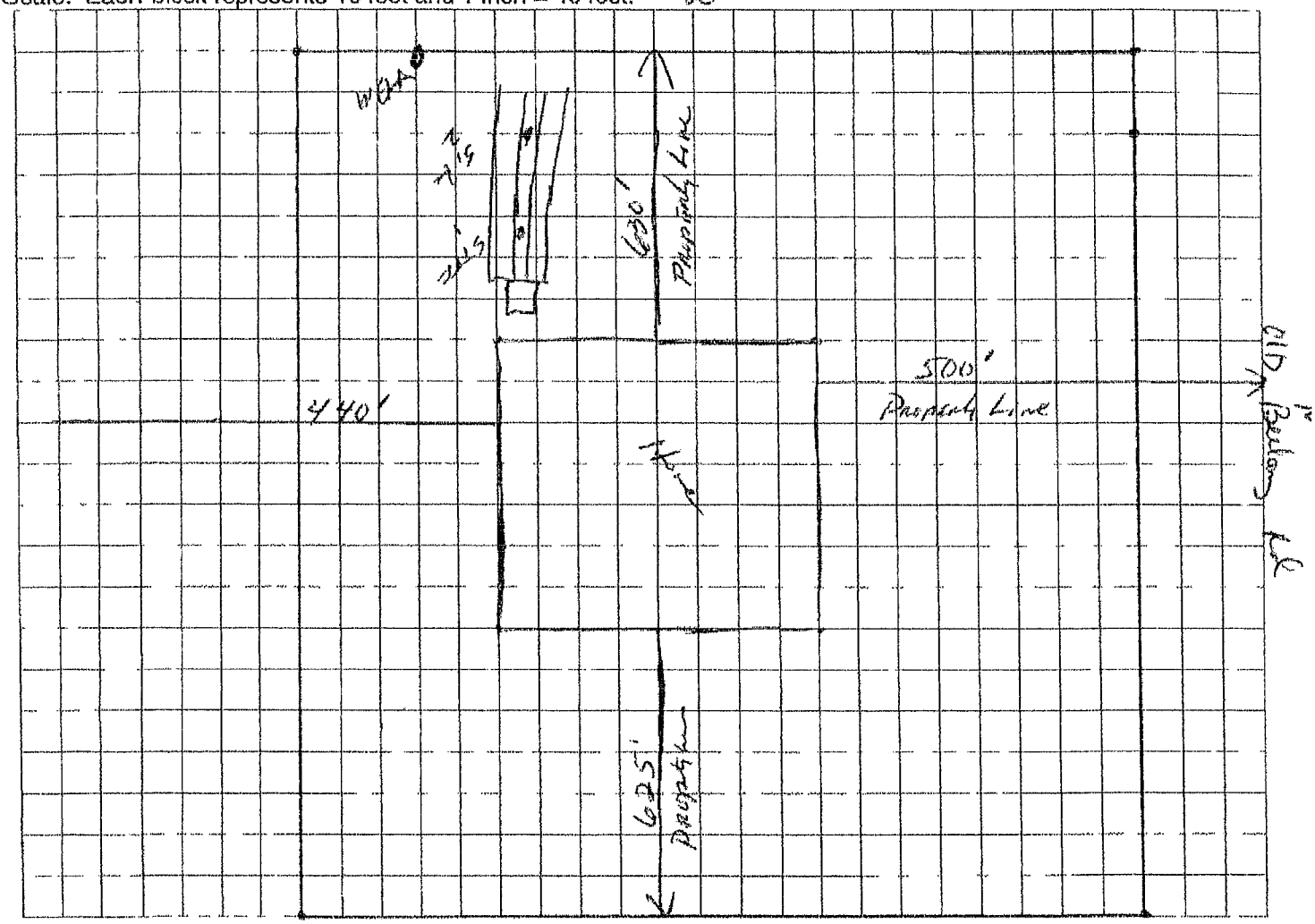
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 13-0496

PART II - SITEPLAN - Richter

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



Notes: 1- Acre @ 30 Acres

Site Plan submitted by: [signature] [signature]
Signature Title

Plan Approved ✓ Not Approved ___ Date 3-4-13

By [signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

PERMIT #: 12-SC-1457420
APPLICATION #. AP1098605
DATE PAID. 3/25/13
FEE PAID 310.00
RECEIPT #: 2095482
DOCUMENT #: PR898870

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT. JEFFREY*13-0096 RICHTER

PROPERTY ADDRESS. 860 SE OLD BELLAMY Fort White, FL 32038

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID # 09880-003 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381 0065, F S , AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD Septic CAPACITY
A [ ] GALLONS / GPD N/A CAPACITY
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [ ] GALLONS DOSING TANK CAPACITY [ ]GALLONS @[ ]DOSES PER 24 HRS #Pumps [ ]

D [500] SQUARE FEET Drainfield SYSTEM
R [ ] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ] _____
I CONFIGURATION: [x] TRENCH [ ] BED [ ] _____
N
F LOCATION OF BENCHMARK: Oak tree north of site
I ELEVATION OF PROPOSED SYSTEM SITE [12 00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42 00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0 00] INCHES EXCAVATION REQUIRED: [0 00] INCHES

O
T
H
E
R

SPECIFICATIONS BY: Roy A Smith TITLE Master Contractor

APPROVED BY Jeremy X Gifford TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED. 03/04/2013 EXPIRATION DATE. 09/04/2014

DH 4016, 08/09 (Obsolates all previous editions which may not be used)
Incorporated 64E-6.003, FAC

v 1 1 4 3E89 625

PERMIT NO. 13-0096
DATE PAID: 2/25/13
FEE PAID: [illegible]
RECEIPT #: _____

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

APPLICATION FOR:
[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Jeffery B. Zahler TELEPHONE: 935-142-9

AGENT: Smith Septic

MAILING ADDRESS: P.O. Box 838 Bell, Fla 32619

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) 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: 03-25-17 PLATTED: _____

PROPERTY ID #: 03-7S-17-09880-003 ZONING: AG I/M OR EQUIVALENT: [Y (N)

PROPERTY SIZE: 30 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, F.S.? [Y (N)] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 860 SE OLD Bellamy Rd.

DIRECTIONS TO PROPERTY: Hwy 441 S TL @ OLD Bellamy Property — Rt. Lt

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	Home	3	3273	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) _____

SIGNATURE: [signature] DATE: 2-25-13

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC