

SSD



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

PERMIT NO. 23-0084  
DATE PAID: 11/3/23  
FEE PAID: 225.00  
RECEIPT #: 1934068

APPLICATION FOR:

New System  Existing System  Holding Tank  Innovative  
 Repair  Abandonment  Temporary

APPLICANT: DANIEL & ANABEL VARNER

AGENT: AMIRA BUILDERS INC. TELEPHONE: 352-215-7048

MAILING ADDRESS: 14901 MAIN STREET ALACHUA, FL 32615

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: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 01-75-16-04009-000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y/N ]

PROPERTY SIZE: 15.04 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <=2000GPD  >2000GPD

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

PROPERTY ADDRESS: TRW 114 SW Heron Dr FW 32615

DIRECTIONS TO PROPERTY: CR 18 to Niblock Ave go south to end of street turns left property on right

AMIRA BUILDERS SIGN

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
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1 SFR 3 2739

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Floor/Equipment Drains  Other (Specify) \_\_\_\_\_

SIGNATURE:

DATE: 1-31-2023

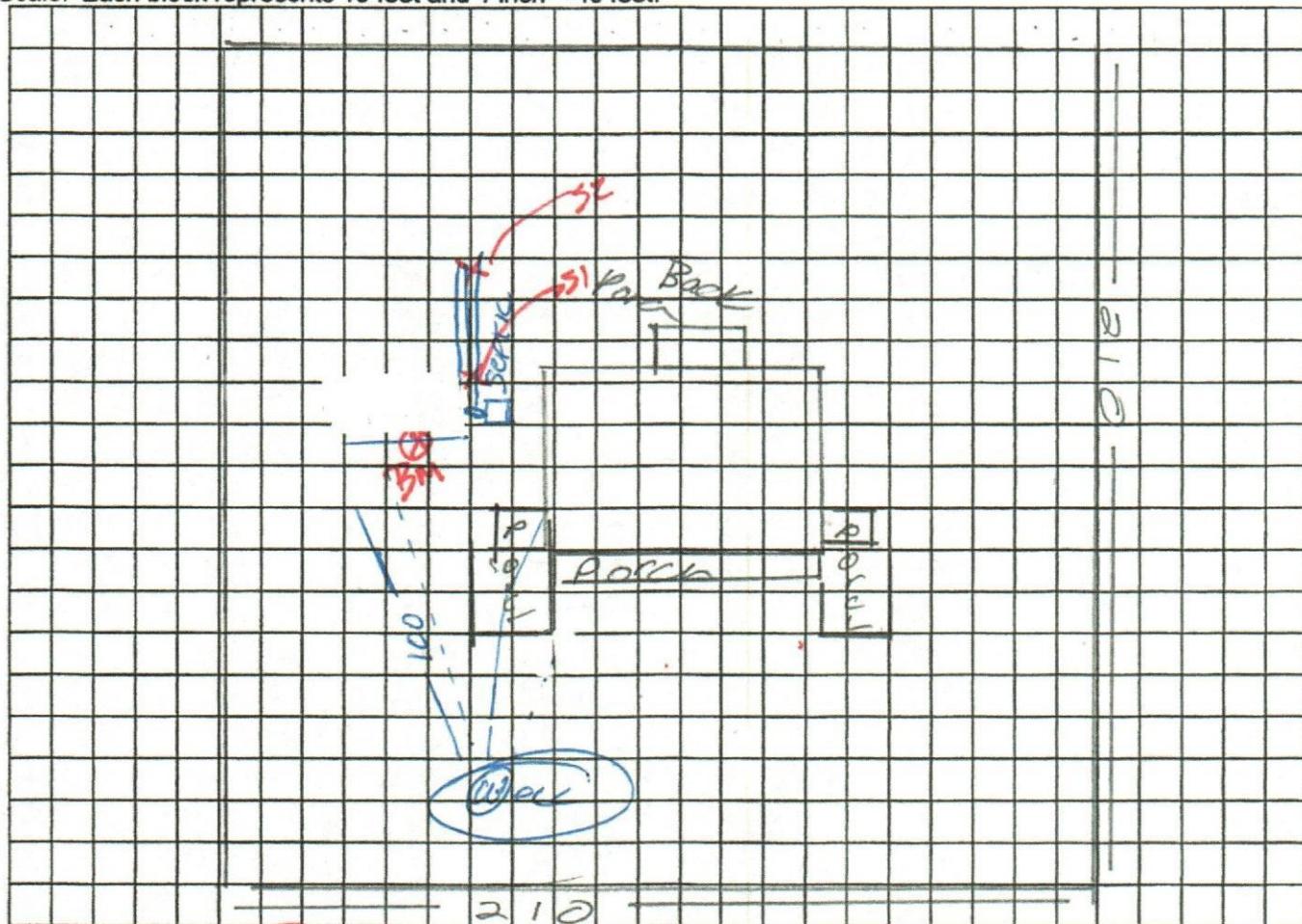
VARNER 01-75-16-04109-000

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0089

## - PART II - SITEPLAN

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



### Notes:

APPROVED AS CORRECTED 2/13/23

**Site Plan submitted by:**

Plan Approved

By

### Not Approved

Date 1-31-2023

County Health Department  
5/18/23

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



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

PERMIT #: 12-SC-2634847  
APPLICATION #: AP1934268  
DATE PAID: 1/31/23  
FEE PAID: 1.3.23  
RECEIPT #: 1934268  
DOCUMENT #: PR1891256

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DANIEL\*\*23-0089 VARNER

PROPERTY ADDRESS: 114 SW HERON Fort White, FL 32038

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY ID #: 04009-000 [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 Tank 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:  STANDARD  FILLED  MOUND [ ]

I CONFIGURATION:  TRENCH  BED [ ]

N

F LOCATION OF BENCHMARK: Nail in oak w/ green tape.

I ELEVATION OF PROPOSED SYSTEM SITE [ 32.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 62.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T

H

E

R

SPECIFICATIONS BY: Dustin W Jones

TITLE: Environmental Specialist II

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 02/09/2023 EXPIRATION DATE: 08/09/2024

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

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