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04:12:31 p.m. 04-26-2013

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STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number PART II - SITEPLAN -210 Scale: 1 inch = 40 feet. 113 GAR 68 15 19.27 Aerrs Notes: Site Plan submitted by: Plan Approved Not Approved eaun arector. County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

386 758 2187

ENVIROMENTAL HEALTH



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

| PERMIT ! | : 12-SC-1468168 |
|---------------|-----------------|
| APPLICATION (| :AP1105201 |
| DATE PAIR | |
| FEE PAIL | 310.00 |
| RECEIPT # | 1108201 |
| | : PR904607 |

| CONSTRUCTION PERMIT FOR: OSTDS New | |
|---|---|
| APPLICANT: JOHN-13-0226 KASAK | |
| PROPERTY ADDRESS: SW KIRBY Ave Lake City, FL 32024 | |
| LOT: BLOCK: SUBDIVISION: | |
| PROPERTY ID #: 02977-001 [SECTION, TOWNSHIP, RANGE, PA | RCEL NUMBER] |
| SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STAND 381.0065, F.S., AND CRAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DO SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICAN PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WIT STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY. | DES NOT GUARANTEE NATERIAL FACTS, T TO MODIFY THE |
| SYSTEM DESIGN AND SPECIFICATIONS | |
| T [1050] GALLONS / GPD Seductank CAPACITY A [] GALLONS / GPD N/A CAPACITY N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GAL K [] GALLONS DOSING TANK CAPACITY [] IGALLONS @ [] DOSES PER 24 HRS D [616] SQUARE PEET DYAM SYSTEM | #Pumps [] |
| A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND [] . I CONFIGURATION: [x] TRENCH [] BED [] N F LOCATION OF BENCHMARK: Nail in fencepost N of system site | |
| E BOTTOM OF DRAINFIELD TO BE [0.00] [INCHES FT] [ABOVE BELOW BENCHMARK/E | |
| D FILL REQUIRED: [2.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES 1. The 911 address shall be required before final inspection. | |
| SPECIFICATIONS BY: Rocky D Ford TITLE: MONTACTO | |
| APPROVED BY: Sallie A Ford | Columbia CHD |
| DATE ISSUED: 04/26/2013 EXPIRATION DATE: | 10/26/2014 |
| DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 66E-6.003, FAC | Page 1 of 3 |
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