

STATE OF FLORIDA DEPARTMENT OF HEALTH

ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

PERMIT		2	1-1	74	19
DATE PA		7	2	34	18
RECEIPT	#:	17	13	75	9
		1 2 0	-0)1(29

APPLICATION FOR:	1110782
[X] New System [] Existing System [] Holding Tank [] Repair [] Abandonment [] Temporary APPLICANT: And Heweth	[] Innovative
AGENT: JASON Brent Warneright TELEP MAILING ADDRESS: 12426 NW US 18WY 441 ALACHUA F	HONE: 386-418-0424
TO BE COMPLETE.	1 32615
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STA APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOUGH PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHE PROPERTY INFORMATION	MUST BE CONSTRUCTED TUTES. IT IS THE T WAS CREATED OR R PROVISIONS
PROPERTY ID #: 60 00-00-000-000-0000	FLATTED:
PROPERTY ID #: 60 00-00-00929-066 ZONING:I/M OR EQ PROPERTY SIZE: 1.06 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=: IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N]	
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/O] DISTANCE PROPERTY ADDRESS: TBD SW Pleasent Town	2000GPD []>2000GPD
PROPERTY ADDRESS: TBD SLI PLEASE TO DISTANCE	TO SEWER: FT
DIRECTIONS TO PROPERTY: See Attacked (Iparcel Sot	While F1 32038
- racte (parcel 5 of	Marked Loc)
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL	
No Establishment No. of Building Commercial/Institution Bedrooms Area Sqft Table 1. Chapter 64E-	onal System Design
2	
3	
4	
Floor/Equipment Drains Other (Committee	
IGNATURE: Other (Specify)	
DATE: ncorporated 64E-6.001, FAC	12/22/21
and the desired	Page 1 of 4



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL PERMIT #: 12-SC-2432378

APPLICATION #: AP1772782

DATE PAID: 12/75/21

FEE PAID: 310.00

RECEIPT #:____

DOCUMENT #: PR1734908

APPLICANT: ANA **21-1049 HEWETT	
PROPERTY ADDRESS: SW PLEASANT Fort White, FL 32038	
LOT: 66 BLOCK: SUBDIVISION: 3 Rivers Est U-14	i per la
PROPERTY ID #: 00929-066 [SECTION, TOWNSHIP, RANGE, PAR [OR TAX ID NUMBER]	CEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDA 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOI SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	ES NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [900] GALLONS / GPD Septic Tank CAPACITY	
A [] GALLONS / GPD N/A CAPACITY	
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GAL	
K [] GALLONS DOSING TANK CAPACITY []GALLONS @[]DOSES PER 24 HRS	#Pumps []
D [375] 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: Surveyors BM 35' NAVD	
I ELEVATION OF PROPOSED SYSTEM SITE [18.00] [INCHES FT] [ABOVE BELOW BENCHMARK/F	THE TOTAL PARTY
E BOTTOM OF DRAINFIELD TO BE [36.00][INCHES / FT][ABOVE / BELOW BENCHMARK/F	REFERENCE POINT
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES	
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimate 300 gpd.	ed flow of
T	
H	
E	
R	
SPECIFICATIONS BY: Kameron Keen TITLE: CEHP	
	0.1
APPROVED BY: TITLE: Environmental Specialist II	Columbia CHD
APPROVED BY: Date issued: 02/08/2022 TITLE: Environmental Specialist II EXPIRATION DATE:	08/08/2023

