

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

PERMIT #: 12-SC-2374907

APPLICATION #: AP1733768

DATE PAID: 9/79/21

FEE PAID: 3 WOO

RECEIPT #:____

DOCUMENT #: PR1651683

APPLICANT: JOSEPH**21-0790 BAUER PROPERTY ADDRESS: SW BARON Fort White, FL 32038 LOT: 20 BLOCK: SUBDIVISION: SOUTHERN MEADOWS P 3 [SECTION, TONNSHIP, RANGE, PARCEL NUMBER] PROPERTY ID #: 03752-420 [SECTION, TONNSHIP, RANGE, PARCEL NUMBER] SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0055, F.S., AND CHAPTER 642-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SAMISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHARGE IN MATERIAL FACTS, REGISTER THE APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY. SYSTEM DESIGN AND SPECIFICATIONS T [1,200] GALLONS / GPD SOULT SHAND AND STANDARD OF SYSTEM DESIGN AND SPECIFICATIONS T [1,200] GALLONS / GPD SOULT SHAND AND SYSTEM CAPACITY N [] GALLONS DOSING TANK CAPACITY [MAXIMIN CAPACITY SINGLE TANK: 1250 GALLONS] N [] GALLONS DOSING TANK CAPACITY [MAXIMIN CAPACITY SINGLE TANK: 1250 GALLONS] N [] GALLONS DOSING TANK CAPACITY [MAXIMIN CAPACITY SINGLE TANK: 1250 GALLONS] N [] SQUARE FEET NA SYSTEM: [X] STANDARD [] FILLED [] MOUND [] N A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] N A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] N A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] N D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES T [1 CONSTGURATION: [X] TERRICE [] SECOND [INCHES] FT] [ABOVE BELON BENCHMARK/REFERENCE POINT T E BOTTOM OF PRAINFIELD TO BE [44.00] [INCHES] FT] [ABOVE BELON BENCHMARK/REFERENCE POINT T E BOTTOM OF PRAINFIELD TO BE [44.00] [INCHES] FT] [ABOVE BELON BENCHMARK/REFERENCE POINT T E BOTTOM OF PRAINFIELD TO BE [44.00] [INCHES] FT] [ABOVE BELON BENCHMARK/REFERENCE POINT T E BOTTOM OF PRAINFIELD TO BE [44.00] [INCHES] FT] [ABOVE BELON BENCHMARK/REFERENCE POINT T E BOTTOM OF PRAINFIELD TO BE [44.00] [INCHES] FT] [ABOVE BELON BENCHMARK/REFERENCE POINT T E BOTTOM OF PRA	The off this tracking but I have up and it is president about the first of the contract of the statement will
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Date Issued: 10/01/2021 EXPIRATION DATE: 04/01/2023	SPECIFICATIONS BY: Ronald Ford TITLE:
DATE ISSUED: 10/01/2021 EXPIRATION DATE: 04/01/2023	
	DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC Page 1 of 3



STATE OF FLORIDA

PERMIT NO.	21-07.90
DATE PAID:	9 2921
FEE PAID:	310,25"
RECEIPT #:	1722710

ONSITE SEWAGE TREATMENT AN SYSTEM APPLICATION FOR CONSTRUCTI	RECEIPT #: > >> > C
APPLICATION FOR: [X] New System [] Existing System [] Repair [] Abandonment APPLICANT: TOSEPH and France	[] Holding Tank [] Innovative [] Temporary []
	TELEPHONE: 386-755-6288
MAILING ADDRESS: 116 NW Lawtey Way	
TO BE COMPLETED BY APPLICANT OR APPLICANT'S ABY A PERSON LICENSED PURSUANT TO 489.105(3) (EAPPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENT PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION	NTATION OF THE DATE THE LOT WAS CREATED OR
PROPERTY INFORMATION LOT: 20 BLOCK: SUBDIVISION:	uthern Meadows Phase: 3
	ZONING: I/M OR EQUIVALENT: [Y /N
	X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y	DISTANCE TO SEWER: N/A FT
PROPERTY ADDRESS: TBD SW Baro	n Gien Fort White, FL 32039
DIRECTIONS TO PROPERTY:	
47 South. Turn	Don SW Baron Glen.
BUILDING INFORMATION [X] RESIDENTIA	AL [] COMMERCIAL
Unit Type of No. of Buil	ding Commercial/Institutional System Design Sqft Table 1, Chapter 64E-6, FAC
1 m·H· 5 ∂U	100 HEATED / COOLED SQUARE FEET
2 (21	ήω TOTAL SQUARE FEET)
3	
4	
[] Floor/Equipment Drains [] Other (S	
SIGNATURE: QC FORD RONALS FORD	DATE: 9.27.2011
DH 4015, 08/09 (Obsoletes previous editions	which may not be used)

Incorporated 64E-6.001, FAC

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

		Permit	t Application 1	Number <u> </u>
BAUER	PART II	- SITEPLAN	210	
Scale: 1 inch = 40 feet.				
A-10		80	70	116 -106'
NORTH 1	50 94	98 70 207 5'-	650	40' From Septic to WaterLine
	SUPE		25 35	MANY
Notes:				
1 of	4.93 Ac	NES SEE	Atheha	d
Site Plan submitted by:	50			CONTRACTOR
Plan Approved Not Approved			Date 10/1121	
Ву			Colus	County Health Department
DH 4015 08/09 (Obsoletes previous editions whi				DEPARTMENT

(Stock Number: 5744-002-4015-6)