



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

56

CR # 10-5439
PERMIT NO. 12-8250
DATE PAID: 5/9/12
FEE PAID: 3081
RECEIPT #: 185597
AP 107159

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: FREDDIE THOMAS

PROPERTY ADDRESS: 174 SE CR 349

LOT: 4 BLOCK: N/A SUBDIVISION: MAGNOLIA PLACE
[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
PROPERTY ID #: 27-5S-17-09415-104 [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 [900] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES []
A [] GALLONS / GPD CAPACITY MULTI-CHAMBERED/IN-SERIES []
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS # PUMPS []

D [375] SQUARE FEET PRIMARY DRAINFIELD SYSTEM

R [] SQUARE FEET SYSTEM

A TYPE SYSTEM: [] STANDARD [X] FILLED [] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: NAIL IN 20" OAK TREE WEST OF SYSTEM SITE

I ELEVATION OF PROPOSED SYSTEM SITE [24] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [30] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [12.0] INCHES EXCAVATION REQUIRED: [0] INCHES

O
T
H
E
R

SPECIFICATIONS BY: PAUL LLOYD

TITLE: SOIL SCIENTIST

APPROVED BY: Salhi Fred

TITLE: Env Health Director COLUMBIA CHD

DATE ISSUED: 5-18-12

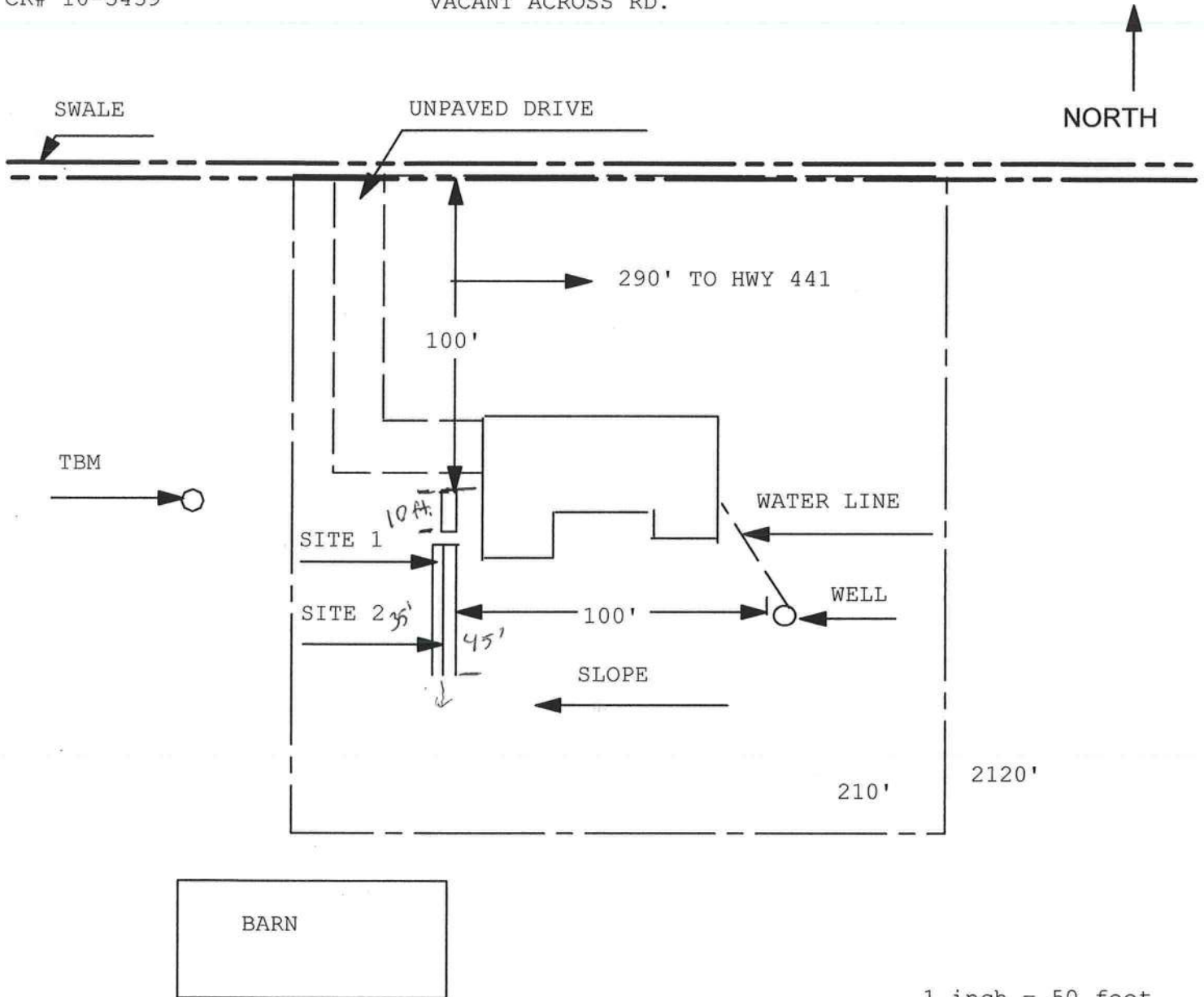
EXPIRATION DATE: 11-18-13

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 12-0253

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CR# 10-5439

VACANT ACROSS RD.



1 inch = 50 feet

Site Plan Submitted By Paul Hays Date 5/8/12
Plan Approved X Not Approved Date 5/17/12

By [Signature] Clauson CPHU

Notes: