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

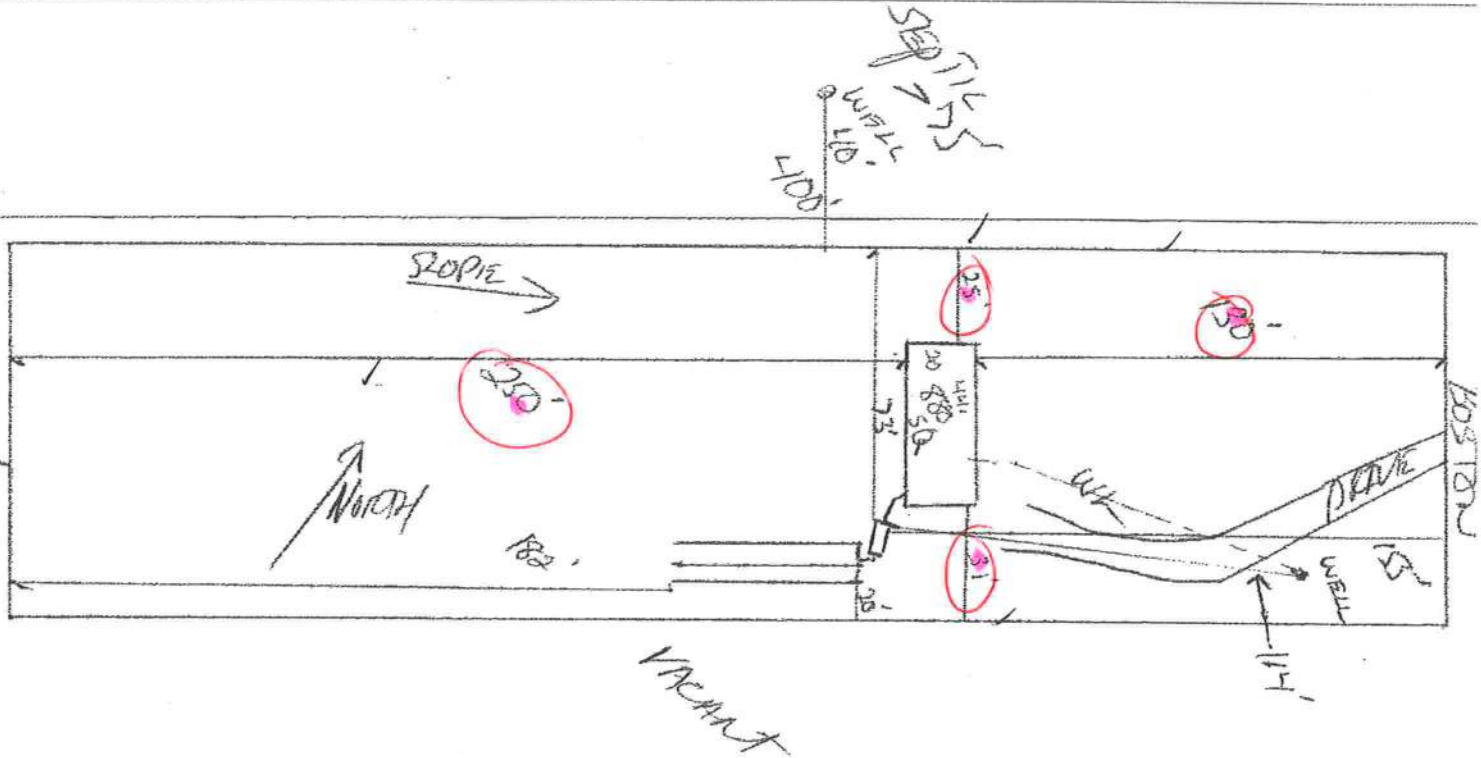
Permit Application Number

12-0340E

FARCHIONE

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by:

Rocky D F

Plan Approved

Not Approved

By

Sally Ford Env Health Director

MASTER CONTRACTOR

Date 7-25-12

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Rick Scott
Governor

Applicant: Mary Farchione

Agent: A and B

Mailing Address: faxed

Date: 07/25/2012

RE: On-Site Sewage Treatment and Disposal System Construction Inspection and Final Approval.

Dear Sir / Madam:

On NA, an inspection was conducted on your property for Permit #12-0340-E. The Construction Final Approval for this system was not issued because the following was / were noted. This / These item(s) will need to be resolved before this department can grant Final Approval.

- | | |
|--|---|
| <input type="checkbox"/> Private well not installed (75' setback). | <input type="checkbox"/> Mound/Filled system needs stabilization. |
| <input checked="" type="checkbox"/> Bldg. not installed (5' setback). | <input type="checkbox"/> Need Tank Certification. |
| <input type="checkbox"/> Bldg. does not match/missing floor plans. | <input type="checkbox"/> Tank manhole needs to be sealed.* |
| <input checked="" type="checkbox"/> H2O line not hooked up (10' setback).* | <input type="checkbox"/> Need 911- Address. |
| <input type="checkbox"/> H2O line does not meet required setbacks.* | <input type="checkbox"/> Sign Private Soil Evaluator form. |
| <input type="checkbox"/> System does not meet required setbacks. | <input type="checkbox"/> Resite (\$50)/Amendment (\$55) Fee required. |
| <input type="checkbox"/> Property lines not clearly marked. | <input type="checkbox"/> Resite/Updated site plan required. |
| <input checked="" type="checkbox"/> Plumbing connection into tank.* | <input type="checkbox"/> Other. |

* Must be left uncovered for inspection. Failure to comply may result in additional fee(s).

Remarks:

PLEASE CALL WHEN EVERYTHING IS COMPLETED

The items mentioned above need to be resolved as soon as possible before a final approval can be granted. If this department has to return to the site a \$50.00 re-inspection fee ☐ will ☒ will not be charged.

When completed or if there should be any questions, please contact the Environmental Health Section of the Columbia County Health Department at 386-758-1058.

Respectfully,

Sallie Ford
Columbia County Health Department

cc: file

Columbia County Health Department
217 NE Franklin Street Lake City, Florida 32055
Environmental Health
Phone 386-758-1058 Fax 386-758-2187

Rick Scott
Governor



John H. Armstrong, MD
State Surgeon General

July 25, 2012

ROCKY FORD (A&B CONSTRUCTION)
P.O. BOX 39
Fort White, FL 32038

RE: Contingency Letter
Application Document No: AP1078255
Centrax Permit Number: 12-SC-1421534
OSTDS Number:
340 SW BOSTON Ter
Fort White, FL 32038

Lot:89 Block: Subdivision: 3 Rivers Est U-18

Dear Applicant:

This will acknowledge receipt of an application dated 07/23/2012 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined your existing system is adequate for the proposed use.

If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely,

Sallie Ford, Environmental Health Director

Enclosures

cc: