

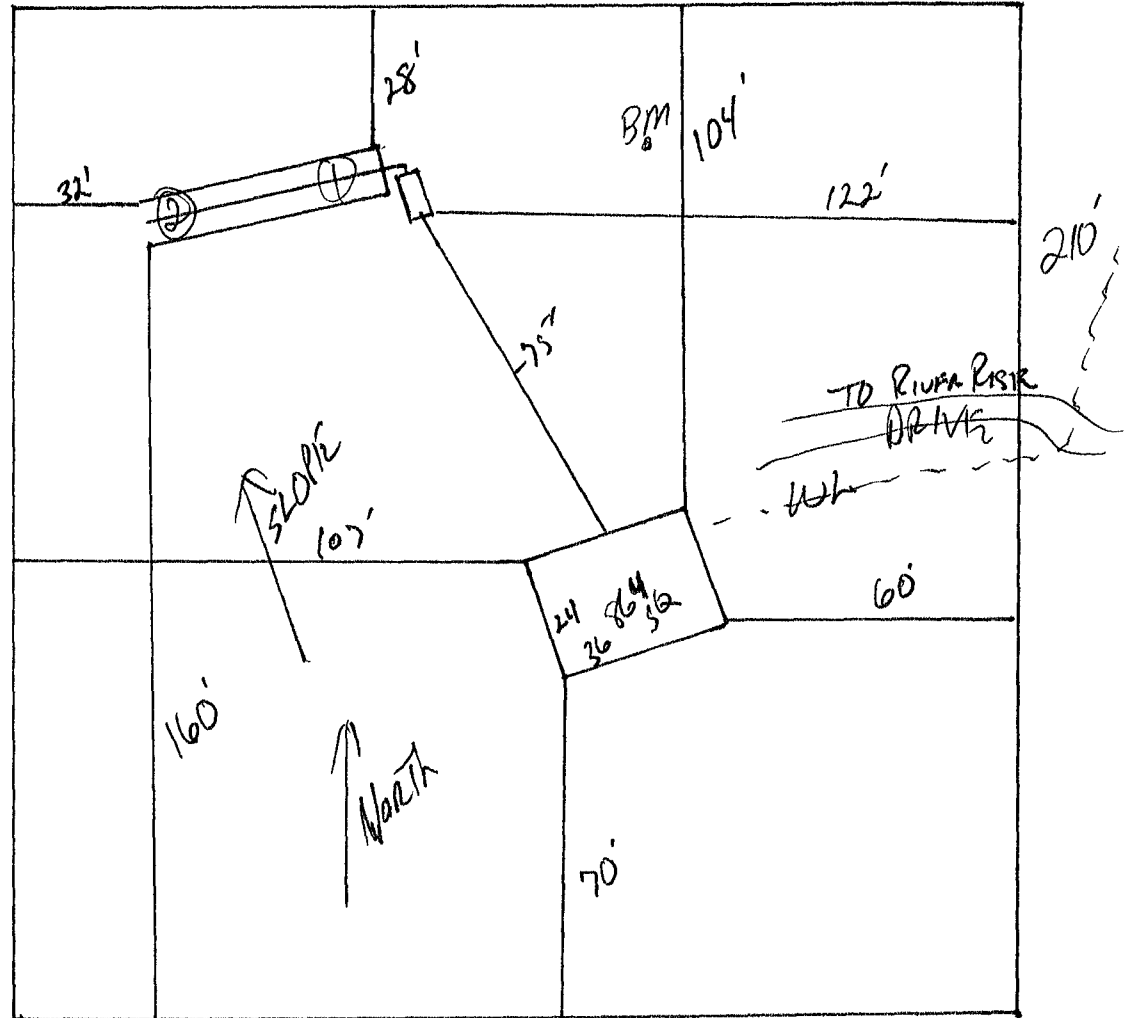
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 14-0240

FLYNN

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: WATER WELL ON ADJOINING property (same owner)

Site Plan submitted by: [Signature] MASTER CONTRACTOR
Plan Approved [Signature] Not Approved _____ Date 5/2/14
By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



FAXED
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STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT #: 12-SC-1534762
APPLICATION #: AP1144440
DATE PAID: 4123114
FEE PAID: 310.00
RECEIPT #: 2378274
DOCUMENT #: PR938348

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DAVID-*14-0240 FLYNN
PROPERTY ADDRESS: SW RIVER RISE Ct Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 10021-016 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[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 _____ CAPACITY
A [] GALLONS / GPD _____ N/A _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK 1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [308] SQUARE FEET _____ Drainfield _____ SYSTEM
R [] SQUARE FEET _____ N/A _____ SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: Nail in large Oak tree east of system site
I ELEVATION OF PROPOSED SYSTEM SITE [24 00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54 00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED [0 00] INCHES EXCAVATION REQUIRED [0 00] INCHES

O
T
H
E
R
1) Permit is for a Garage with restroom facilities
2) Potable water will be provided by a well on an adjoining piece of property of the same ownership

SPECIFICATIONS BY: Rocky D Ford TITLE: Mash Contractor
APPROVED BY: Jeremy X. Gifford TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 06/02/2014 EXPIRATION DATE: 11/02/2015
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

SF