



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

CR # 10-8588

PERMIT NO. 22-0003
DATE PAID: 11/21/22
FEE PAID: 310.00
RECEIPT #: 1779297

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: SANDRA & MARVIN CARDONA

AGENT: PAUL LLOYD

TELEPHONE: _____

MAILING ADDRESS: 740 NE 23RD PL

POMPANO BEACH FL 33064

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 147 BLOCK: N/A SUBDIVISION: THREE RIVERS ESTATES UNIT 21 PLATTED: _____

PROPERTY ID #: 00-00-00-01382-000 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 0.918 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 2005 SW NEWARK

DIRECTIONS TO PROPERTY: SR 47 SOUTH TO FT. WHITE. TURN RIGHT ON SR 27. TURN LEFT INTO 3 RIVERS EST. TURN LRFT ONTO UTAH. TURN RIGHT ON NEWARK. SITE ON LEFT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>CAMPER</u>	<u>1</u>	<u>256</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd

DATE: 12/28/21

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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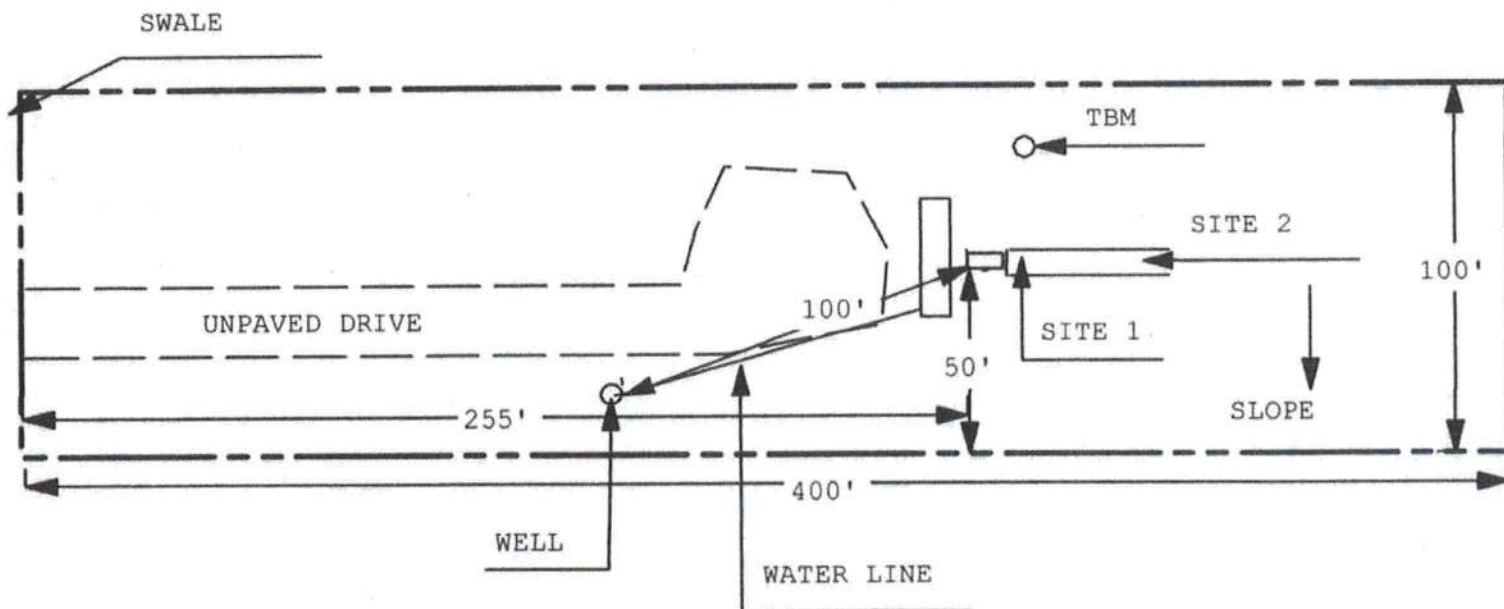
5380

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 21-0003

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

NORTH

CR# 10-8588



NO WELLS WITHIN 100'

1 INCH = 50 FEET

Site Plan Submitted By Paul R. [Signature] Date 12/28/21
Plan Approved X Not Approved _____ Date _____

By [Signature] [Signature] CPHU

Notes: _____