STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

- PART II - SITEPLAN - - - - -Scale: 1 inch = 40 feet. 70 95 100 details shown above Notes: MASTER CONTRACTOR Site Plan submitted by: Date Not Approved Plan Approved County Health Department



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

PERMIT NO.	22-2591	
DATE PAID:	4138122	-
FEE PAID: RECEIPT #:	31000	
RECEIPT #:	1002261	

AFFIICATION	POR CONDIN	OCIION II	11/4/4/4 1		
APPLICATION FOR: [] New System [] Repair []	Existing Syst Abandonment	em [Holding	rank []	Innovative
APPLICANT: BRIAN AND AM	ANDA RYGWALSI	KI			
AGENT: Ronald Ford - Fo	rd's Septic			TELEPHONE	:386-755-6288
MAILING ADDRESS: 116 NW	Lawtey Way				
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT TO 489.105 TO PROVIDE DO	(3) (m) OR CUMENTATION	489.552, FLOI N OF THE DATE	RIDA STATUT E THE LOT W	ES. IT IS THE AS CREATED OR
PROPERTY INFORMATION					
LOT: N/A BLOCK: N/A	SUBDIVISION:	MEETS	& BOUND	S	PLATTED:
PROPERTY ID #: 18.55.18	10590.00	O zonino	9: I	/M OR EQUIT	VALENT: [Y/N]
PROPERTY SIZE: 40.00 ACRES	WATER SUPPL	Y: [X] PR	IVATE PUBLI	C []<=200	0GPD []>2000GPD
IS SEWER AVAILABLE AS PER	881.0065, FS?	[Y /(N)]	D	DISTANCE TO	SEWER: VIA FT
PROPERTY ADDRESS: 9288 S		_			
	E I OOIIDO III III				
DIRECTIONS TO PROPERTY:	E DOLINDS HAM	MOCK BOAD	HOME # 0299	ON DICHT	
100 EAST. TURN RIGHT ON S	E POUNDS HAIVI	WIOCK ROAD	HOWE # 3200	ON RIGHT.	
BUILDING INFORMATION	[X] RESID	ENTIAL	[] COM	MERCIAL	
Unit Type of No Establishment	No. of	Building	Commercial/	Institution	nal System Design
No Establishment	Bedrooms	Area Sqft	Table 1, Ch	apter 64E-6	5, FAC
MOBILE HOME	4	2273			
2					
3					
4					
[] Floor/Equipment Drai	ns [] Oth	er (Specif	y)		
SIGNATURE: QC Flerd Q	ONALD FORD			DATE:	6-27. do 22



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

PERMIT #: 12-SC-2533945

APPLICATION #: AP1855361

DATE PAID: U30122

FEE PAID: 310.00

DOCUMENT #: PR1794534

CONSTRUCTION PERMIT	FOR: OSTDS New
APPLICANT: BRIAN**	22-0591 RYGWALSKI
PROPERTY ADDRESS:	9288 SE POUNDS HAMMOCK Lulu, FL 32061
LOT:	BLOCK: SUBDIVISION:
PROPERTY ID #: 109	[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]
SATISFACTORY PERFO WHICH SERVED AS PERMIT APPLICATION SSUANCE OF THIS	CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE DEMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE . SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, MITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.
SYSTEM DESIGN AND SI	PECIFICATIONS
[1,050] GALLO	ONS / GPD New Multi-Chambered Septic CAPACITY
A [] GALLO	ONS / GPD N/A CAPACITY
[] GALLON	IS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
[] GALLON	IS DOSING TANK CAPACITY []GALLONS @[]DOSES PER 24 HRS #Pumps []
	FEET Drainfield SYSTEM
	FEET N/A SYSTEM
	[] STANDARD [] FILLED [x] MOUND []
1	
LOCATION OF BENCH	MARK: Nail in tree south of septic system
ELEVATION OF PROPO	OSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW BENCHMARK/REFERENCE POINT
	ELD TO BE [10.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
FILL REQUIRED:	[32.00] INCHES EXCAVATION REQUIRED: [40.00] INCHES
	or 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of
PECIFICATIONS BY:	Ronald Ford TITLE: M. Contracter
APPROVED BY:	TITLE: Environmental Specialist I Columbia CHD
ATE ISSUED:	07/01/2022 EXPIRATION DATE: 01/01/2024
OH 4016, 08/09 (Obsc	oletes all previous editions which may not be used)
managed CAT (003 EMC Page 1 of 3