550 310 004151

Cichemerys eletmoil.com



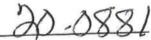
STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO.	0-08.81
DATE PAID:	115/20
FEE PAID: RECEIPT #:	1235-29
1000244	371077

APPLICATION FOR: New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Christopher J Chemerys AGENT: Chemerys Construction LLC MAILING ADDRESS: 22025 NW CM 236 Hijl Springs, FL 32643
MAILING ADDRESS: 22025 NW CR 236 Hy Springs I C 32071
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 469.552, 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: 6 BLOCK: SUBDIVISION: Fort White Station PLATTED: 5
PROPERTY ID #: 34-65-16-64059-106zoning: K I/M OR EQUIVALENT: [Y/N]]
PROPERTY SIZE: 104 ACRES WATER SUPPLY: [] PRIVATE PUBLIC LA 2000GPD [X]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/O] DISTANCE TO SEWER: NA FT PROPERTY ADDRESS: SW Round houre Court
DIRECTIONS TO PROPERTY: From CK 18 go South on SW Pipot Way then Fast on Sw Caboose Pr. Hon North on Sw Nound house Ct
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 Single Family 3 1960 total [1440 hanted= Cooled]
2 REVISED
3 13 7/30
[] Floor/Equipment Drains [] Other (Specify)
DATE: 1/-5-20
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

DEPARTMENT OF HEALTH

Permit Application Number_



--- PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. S87*11'22"E 195.59'(P) S87*06'52"E 195.53'(M) TOP OF BANK 204.12'(BASIS) LOW AREA SEE SURVEYOR'S NOTE 6 N03'16'33"E 2 -N03'16'33"E 2 (BEARING 1 230.00 PUE 15' BUILDING SETBACK Notes: N80'09'20"W 146 88'(P (RLS 1519) 11-5-20 Site Plan submitted by: Date__ Not Approved Plan Approved County Health Department Clumba By.

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)



DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT #: 12-SC-2202837

APPLICATION #: AP1599594

DATE PAID: 11/5/26
FEE PAID: 425.00

RECEIPT #:___

DOCUMENT #: PR1470025

CONSTRUCTION PERMIT FOR: OSTDS New APPLICANT: CHEMERYS**20-0881 CONSTRUCTION LLC	
PROPERTY ADDRESS: ROUNDHOUSE Fort White, FL 32038	
LOT: 6 BLOCK: SUBDIVISION: FORT WHITE STATION	
PROPERTY ID #: 04059-106 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	EL NUMBER]
	NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [900] GALLONS / GPD New Multi-Chambered Septic CAPACITY A [] GALLONS / GPD N/A CAPACITY N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS [] GALLONS DOSING TANK CAPACITY [] GALLONS @[] DOSES PER 24 HRS	
D [375] SQUARE FEET	
F LOCATION OF BENCHMARK: Nail in tree SW of system site	
I ELEVATION OF PROPOSED SYSTEM SITE [13.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE E BOTTOM OF DRAINFIELD TO BE [43.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE	
L D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES	
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated 400 gpd.	flow of
E	
R	
SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist I	
APPROVED BY: TITLE: Environmental Specialist I	Columbia CHD
DATE ISSUED: 11/23/2020 EXPIRATION DATE:	05/23/2022
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.