

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

DATE PAID: FEE PAID: RECEIPT #:

310.36

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
0 : 1 \rightarrow 1
APPLICANT: KICArdo Torres (Freedom/Costro)
AGENT: RUBER W FORD III NFST, INC TELEPHONE: 455-6372
MAILING ADDRESS: THI SE State Road 100 Lake City, F1 32025
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: 3 BLOCK: _ SUBDIVISION: MEACOWS WEST ESTATES PLATTED:
PROPERTY ID #: 31-55-17-09465-013 ZONING: I/M OR EQUIVALENT: [Y /@)
PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [X PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/X] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: TBDSWGAILEE Loop
DIRECTIONS TO PROPERTY: US 441 South +/12 CR 131 to SW GALILEE Loop +/12
2 nd ow left
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 mh/ma 2 a2/a
2
3
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[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 12-7-2020

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

ermit Application Number or 210 319.45 € Slope יסטו No 14x72' 3 BR North 8 > rive u ay 109' GAlilee Galilee Lop 2101 lotes: 5.01 AC ite Plan submitted by Raleut W Date Not Approved lan Approved County Health Department all changes must be approved by the county health department

1 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 645-6.001, FAC tock Number: 5744-002-4015-6)



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL

PERMIT #: 12-SC-2212377 APPLICATION #: AP1606523 DATE PAID: 17 10 70 FEE PAID: 210 RECEIPT #:____

DOCUMENT #: PR1493689

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: RICARDO**20-0984 TORRES	
PROPERTY ADDRESS: SW GALILEE Fort White, FL 32038	
LOT: 3 BLOCK: SUBDIVISION: MEADOWS WEST ESTATES	
PROPERTY ID #: 09465-013 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]	lR]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MC PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL ASSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	GUARANTEE L FACTS, DDIFY THE
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 #Pum	ps []
D [375] SQUARE FEET	
F LOCATION OF BENCHMARK: Nail in tree SW of site	
I ELEVATION OF PROPOSED SYSTEM SITE [36.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/REFERENCE E BOTTOM OF DRAINFIELD TO BE [66.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/REFERENCE L	
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES	
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.	
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Dustin W Jones	14/2022
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)	1 of 3
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