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

PERMIT #	12-SC-2330006
APPLICATION #	: AP1696387
DATE PAID	: 7/9/2021
FEE PAID	: 3000
RECEIPT #	12-PID-5085215
DOCUMENT #	PR1596280

CONSTRUCTION PERMIT FOR: OSTDS New				
APPLICANT: JOEL**21-0595 LAW				
PROPERTY ADDRESS: NE DEEP CREEK Lake	City, FL 32055			
LOT:BLOCK:	SUBDIVISION:			
PROPERTY ID #: 04572-001	[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]			
381.0065, F.S., AND CHAPTER 64E-6, F SATISFACTORY PERFORMANCE FOR ANY SPE WHICH SERVED AS A BASIS FOR ISSUAN	······································			
SYSTEM DESIGN AND SPECIFICATIONS				
	ew Septic CAPACITY N/A CAPACITY APACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS] []GALLONS @[]DOSES PER 24 HRS #Pumps []			
D [375] SQUARE FEET New drainfie R [] SQUARE FEET N/A A TYPE SYSTEM: [] STANDARD [] I CONFIGURATION: [X] TRENCH []	SYSTEM FILLED [X] MOUND []			
N F LOCATION OF BENCHMARK: Nail in 10" oak W c	of system site			
	[24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT			
E BOTTOM OF DRAINFIELD TO BE	[17.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT			
L DETLL PEOULDED. 125.001 THOUSE	EVOLUTION DECUTORD. C. 1 INCURO			
D FILL REQUIRED: [25.00] INCHES The system is sized for 2 bedrooms with a maximu 300 gpd.	m occupancy of 4 persons (2 per bedroom), for a total estimated flow of			
T A lift station may be required if gravity flow can not	be achieved.			
н				
E				
R				
SPECIFICATIONS BY: PAUL LLOYD	TITLE: PSE			
APPROVED BY: Kill Ray	TITLE: Environmental Specialist II Columbia CHD			
DATE ISSUED: 07/14/2021	EXPIRATION DATE: 01/14/2023			

DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC

v 1.1.4

Page 1 of 3

AP1696387

SE1553049

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.

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number: 21-0595

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Barrie 1 1 - 0 595

