

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

PERMIT NO. 21-0380

DATE PAID: 4)2331

FEE PAID: 310-0380

RECEIPT #: 1457974

Page 1 of 4

APPLICATION FOR:  [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  [ ] Repair [ ] Abandonment [ ] Temporary [ ]
APPLICANT: Thomas Menendez
AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038
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: NA BLOCK: NA SUB: NA PLATTED:
PROPERTY ID #: 13-7s-16-04203-005 ZONING: I/M OR EQUIVALENT: [ Y N
PROPERTY SIZE: 6.76 ACRES WATER SUPPLY: [ V] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: NA FT
PROPERTY ADDRESS: 279 Sullivan Lane, Fort White, FL
DIRECTIONS TO PROPERTY: TLUNGO NW Main BIVD, TRONGO FL-475,
TL onto US-275, TR onto SW Shillon St, TL onto SW POK
Ter, Sw polaris Ter. turns into Sw sullivan Lane.
BUILDING INFORMATION [\(\frac{1}{2}\)] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
SF Residential 3 2498
3
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: William D. Bishop II

DH 4015, 08/09 (Obsoletes previous editions which may not be used)

Incorporated 64E-6.001, FAC

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

menenday	Permit Application Number 21-0380
Scale: 1 inch = 40 feet.	of well
lacre of 4.76	38° augs sf cares sm
	DRIVE SAN
Notes:	Siv Sullivan Ln.
1 acre of 6	.76
Site Plan submitted by:	Not Approved 423/2021 Date 4-19-21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT #: 12-SC-2274748

APPLICATION #: AP1657974

DATE PAID: 4/22/2021

FEE PAID: 31000

RECEIPT #: 12-P10-4952163

DOCUMENT #: PR1549811

WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NUI ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OT STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.  SYSTEM DESIGN AND SPECIFICATIONS  T [ 1,050 ] GALLONS / GPD New Septic CAPACITY A [ ] GALLONS / GPD N/A CAPACITY N [ ] GALLONS / GPD N/A CAPACITY N [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS  D [ 500 ] SQUARE FEET New drainfield SYSTEM R [ ] SQUARE FEET N/A SYSTEM R [ ] SQUARE FEET N/A SYSTEM A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ] I CONFIGURATION: [X] TRENCH [ ] BED [ ] N F LOCATION OF BENCHMARK: Nail in oak tree E of site I ELEVATION OF PROPOSED SYSTEM SITE [ 12.00 ] [ INCHES	
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