8802 +6007 +34 Call the # I provided & because there is a locked



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

	10	Jul	10
PERMIT NO	- (VC	07	34
DATE PAID:	(A)	121	20
FEE PAID:	4	R	500
RECEIPT #:	不		507

TO CONSTRUCTION PERMIT
APPLICATION FOR: [V New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Constance Malone
AGENT: Sorry Crews provision permytting & grown TELEPHONE: 386-365-
MAILING ADDRESS: 1270 Sw Drew Freagle Ame Ft White, F1
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: BLOCK: SUBDIVISION: PLATTED:
property id #: $31-5S-14-03744-414$ zoning: i/m or equivalent: [y (n)]
PROPERTY SIZE: 5,02 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER:FT
PROPERTY ADDRESS: 1270 Drew Feagle Ame Ft White, FT
DIRECTIONS TO PROPERTY: R on SE Baya, Lafter MCD'S Slight R
on FL-475, K on Sw watson St., L to Slay con
leafson, Lon Drew Feagle Rd property on R
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 Mubile Home 3 1568
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: SONG CUUS DATE: 8-31-2020



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

PERMIT #: 12-SC-2153685

APPLICATION #: AP1566007

DATE PAID: 9/3/20
FEE PAID: 425-92

RECEIPT #:____

DOCUMENT #: PR1408174

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CONSTANCE**20-0709 MALONE
PROPERTY ADDRESS: 1270 DREW FEAGLE Fort White, FL 32038
LOT: BLOCK: SUBDIVISION:
PROPERTY ID #: 03744-414 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.
SYSTEM DESIGN AND SPECIFICATIONS
Septic Tank CAPACITY Gallons / GPD Septic Tank CAPACITY Gallons GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS] G GALLONS DOSING TANK CAPACITY []GALLONS @ []DOSES PER 24 HRS #Pumps []
375 SQUARE FEET
LOCATION OF BENCHMARK: Top of stake SE of system site.
ELEVATION OF PROPOSED SYSTEM SITE [3.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT BOTTOM OF DRAINFIELD TO BE [33.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
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.
PECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II
PPROVED BY:
ATE ISSUED: 09/15/2022 EXPIRATION DATE: 03/15/2022
H 4016, 08 09 (Obsoletes all previous editions which may not be used) ncorporated: 64E-6.003, FAC Page 1 of 3

STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 0 -07

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