



STATE OF FLORIDA *6-276-11R*  
 DEPARTMENT OF HEALTH  
 ONSITE SEWAGE TREATMENT AND DISPOSAL  
 SYSTEM  
 APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. *06-286-15*  
 DATE PAID: *6/2/15*  
 FEE PAID: *185.00*  
 RECEIPT #: *2802008*  
*AP 1191034*

## APPLICATION FOR:

☐ New System      ☐ Existing System      ☐ Holding Tank      ☐ Innovative  
☒ Repair      ☐ Abandonment      ☐ Temporary      ☐

APPLICANT: Alachua County Housing AuthorityAGENT: Ronnie MooreTELEPHONE: 352-246-3997MAILING ADDRESS: PO Box 158 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: 14 BLOCK: H-27 SUBDIVISION: Thistle Hills EastPLATTED: 1967 *1971*PROPERTY ID #: 04974-014-000 ZONING: R-2 I/M OR EQUIVALENT: ☒ Y / ☐ NPROPERTY SIZE: 0.21 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☒  $> 2000$  GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☒ NDISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: 13544 SW 156th Terr Archer FL 32618

DIRECTIONS TO PROPERTY: Archer RD west to 27/41 turn left to 346 turn left to SW 156th Terr turn right to 1st  
right to end on right.

## BUILDING INFORMATION

☒ RESIDENTIAL☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	single family	3	1052	<i>N/A</i>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_SIGNATURE: Ronnie MooreDATE: 05/26/15



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # 06-286-15

APPLICANT: Alachua County Housing Authority (13544 SW 156 Terr Archer Fl 32618)

CONTRACTOR / AGENT: \_\_\_\_\_

LOT: 14 BLOCK: H-27 SUBDIV: Thistle Hill Est 16-11-18 ID#: 04974-014-00

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION

[ ] GALLONS SEPTIC TANK/GPD ATU LEGEND: \_\_\_\_\_ MATERIAL: \_\_\_\_\_ BAFFLED: [Y / N]  
[ ] GALLONS SEPTIC TANK/GPD ATU LEGEND: \_\_\_\_\_ MATERIAL: \_\_\_\_\_ BAFFLED: [Y / N]  
[ ] GALLONS GREASE INTERCEPTOR LEGEND: \_\_\_\_\_ MATERIAL: \_\_\_\_\_  
[ ] GALLONS DOSING TANK LEGEND: \_\_\_\_\_ MATERIAL: \_\_\_\_\_ # PUMPS: [ ]

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BY \_\_\_\_\_, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [ DIMENSIONS / FILLING / LEGEND ], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [ SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE ] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR

BUSINESS NAME

DATE

EXISTING DRAINFIELD INFORMATION

[ 300 ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [ 3 ] DIMENSIONS: 3 x 32  
[ ] SQUARE FEET \_\_\_\_\_ SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: \_\_\_\_\_ x \_\_\_\_\_  
TYPE OF SYSTEM: [ ☒ ] STANDARD [ ] FILLED [ ] MOUND [ ] Quick 4 EQ36  
CONFIGURATION: [ ☒ ] TRENCH [ ] BED [ ]  
DESIGN: [ ☒ ] HEADER [ ] D-BOX [ ☒ ] GRAVITY SYSTEM [ ] DOSED SYSTEM  
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE 30 INCHES [ ABOVE / BELOW ]

SYSTEM FAILURE AND REPAIR INFORMATION

[ 1967 ] SYSTEM INSTALLATION DATE Repair 07/07/2011 (06-276-11) TYPE OF WASTE [ ☒ ] DOMESTIC [ ] COMMERCIAL  
[ 300 ] GPD ESTIMATED SEWAGE FLOW BASED ON [ ] METERED WATER [ ☒ ] TABLE 1, 64E-6, FAC

SITE [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO / DECK [ ] PARKING  
CONDITIONS: [ ] SLOPING PROPERTY [ ]

NATURE OF [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ☒ ] SYSTEM DAMAGE  
FAILURE: [ ] DRAINAGE / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ]

FAILURE [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ☒ ] DRAINFIELD  
SYMPTOM: [ ☒ ] PLUMBING BACKUP [ ]

REMARKS/ADDITIONAL CRITERIA

SUBMITTED BY: Don Moon TITLE/LICENSE M.S.T.C.

DATE: 05/26/15

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

Incorporated 64E-6.001, FAC



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT #. DL-286-15

APPLICANT: Alachua County Housing Authority AGENT: Ron Moore

LOT: 14 BLOCK: H-27 SUBDIVISION: Thistle Hills East 16-11-18

PROPERTY ID #: 04974-014-000 [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: ☒ YES ☐ NO NET USABLE AREA AVAILABLE: 0.21 ACRES  
TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY (~~RESIDENCES-TABLE 1~~/OTHER-TABLE 2)  
AUTHORIZED SEWAGE FLOW: 525 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]  
UNOBSTRUCTED AREA AVAILABLE: 1500 SQFT UNOBSTRUCTED AREA REQUIRED: 450 SQFT

BENCHMARK/REFERENCE POINT LOCATION: nail in tree near site  
ELEVATION OF PROPOSED SYSTEM SITE IS 30 [~~INCHES~~/FT] [~~ABOVE~~/~~BELOW~~] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES  
SURFACE WATER: n/a FT DITCHES/SWALES: n/a FT NORMALLY WET? ☐ YES ☒ NO  
WELLS: PUBLIC: n/a FT LIMITED USE: n/a FT PRIVATE: n/a FT NON-POTABLE: n/a FT  
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 35 FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO  
10 YEAR FLOOD ELEVATION FOR SITE: n/a FT MSL/NGVD SITE ELEVATION: n/a FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1 <u>30" below B/L</u>		
MUNSELL #/COLOR	TEXTURE	DEPTH
<u>10YR 4/1</u>	<u>FS</u>	<u>0" TO 6"</u>
<u>10YR 4/3</u>	<u>FS</u>	<u>6" TO 20"</u>
<u>10YR 6/3</u>	<u>FS</u>	<u>20" TO 42"</u>
<u>10YR 6/6</u>	<u>SCL</u>	<u>42" TO 72"</u>
		TO
<u>10YR 6/6 10YR 7/2</u>	<u>cmd/RP</u>	<u>42" TO 50"</u>
		TO
		TO
		TO
USDA SOIL SERIES: <u>S-m to m-l hgm</u>		

SOIL PROFILE INFORMATION SITE 2 <u>30" below B/L</u>		
MUNSELL #/COLOR	TEXTURE	DEPTH
<u>10YR 4/1</u>	<u>FS</u>	<u>0" TO 4"</u>
<u>10YR 4/3</u>	<u>FS</u>	<u>4" TO 12"</u>
<u>10YR 5/3</u>	<u>FS</u>	<u>12" TO 22"</u>
<u>10YR 6/3</u>	<u>FS</u>	<u>22" TO 40"</u>
<u>10YR 6/6</u>	<u>SCL</u>	<u>40" TO 72"</u>
		TO
<u>10YR 6/6 10YR 7/2</u>	<u>cmd/RP</u>	<u>40" TO 50"</u>
		TO
		TO
USDA SOIL SERIES: <u>S-m to m-l hgm</u>		

OBSERVED WATER TABLE: 72" INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]  
ESTIMATED WET SEASON WATER TABLE ELEVATION: 40 INCHES [ABOVE / BELOW] EXISTING GRADE  
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTLING: ☒ YES ☐ NO DEPTH: 40 INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: SCL table VII DEPTH OF EXCAVATION: n/a INCHES  
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY) \_\_\_\_\_  
REMARKS/ADDITIONAL CRITERIA: \_\_\_\_\_

SITE EVALUATED BY: Ron Moore DATE: 05/26/15



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

6-286-15  
PERMIT #: 01-SA-1609734  
APPLICATION #: AP1191034  
DATE PAID: 6/2/15  
FEE PAID: \$185-  
RECEIPT #: 2802008  
DOCUMENT #: PR976762

CONSTRUCTION PERMIT FOR: OSTDS Repair  
APPLICANT: (Alachua County Housing Authority)  
PROPERTY ADDRESS: 13544 SW 156th Ter Archer, FL 32618  
LOT: 14 BLOCK: H-27 SUBDIVISION: Thistle Hills East  
PROPERTY ID #: 04974-014-000 [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

T [ 900 ] GALLONS / GPD Septic Tank CAPACITY  
A [ ] GALLONS / GPD CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]  
D [ 300 ] SQUARE FEET Drainfield Replacement SYSTEM  
R [ ] SQUARE FEET SYSTEM  
A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]  
N  
F LOCATION OF BENCHMARK: nail in tree near site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 30.00 ] [ INCHES ] FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 60.00 ] [ INCHES ] FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow  
T of 300 gpd. ACHD strongly encourages 462 ft2 drainfield and at least a 12" ESHWT separation. Existing tank not  
H approved yet. Private site evaluation shall be confirmed at time of installation inspection.  
E  
R

SPECIFICATIONS BY: Bonnie Moore TITLE: Master Contractor SM 0051476  
APPROVED BY: Todd Harris TITLE: Assistant EH Director Alachua CHD  
DATE ISSUED: 06/03/2015 EXPIRATION DATE: 09/01/2015  
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

### NOTICE OF RIGHTS

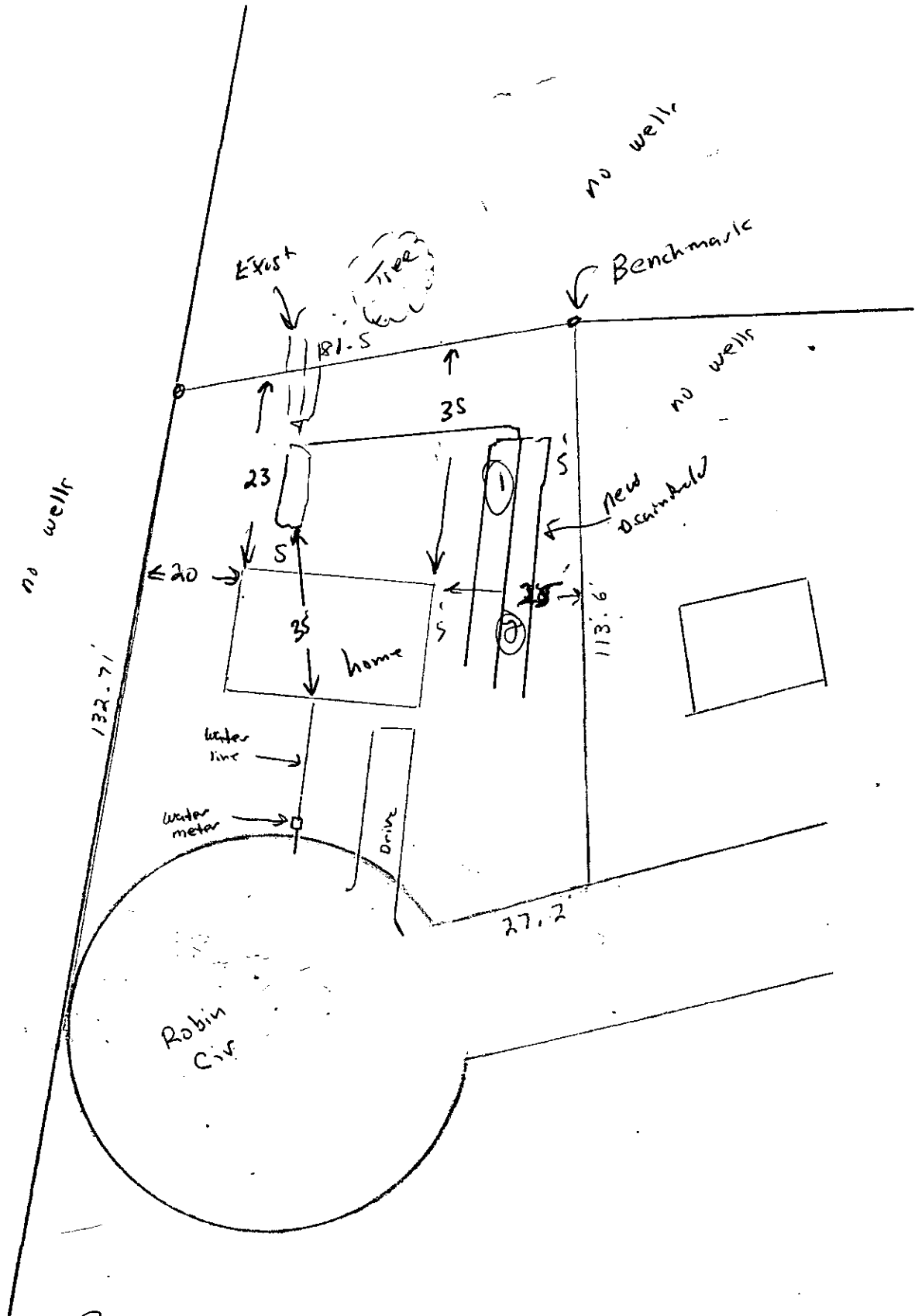
A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must 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 # A02, Tallahassee, Florida 32399-1703. The Agency Clerk's facsimile number is 850-410-1448.

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.

1 inch = N/A feet  
 not to scale



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General &amp; Secretary

**Vision:** To be the Healthiest State in the Nation

## Onsite Sewage and Treatment and Disposal System Application

### Acknowledgement & Check List

Please use the checklist on the back of this page to make sure you have provided our office with everything that is needed to process your application. **A completed application, floor plans and accurate site plan are required.** Part of the permitting process requires a DOH inspector to perform soil evaluations at the site; these soil borings are considered excavations and F.S. require us to contact the underground facility owners for your location. **This cannot be completed without the nearest intersection and the distance in miles from that intersection to the physical address of the site included on the application.** Please complete this section.

#### Nearest intersection within ¼ mile

The nearest intersection to my property is: [ SW 156 Terr ] & [ CR 346 ]

This intersection is within ¼ mile [ ☒ ] yes [ ☐ ] no. If no, it is [ ] miles from my property.

If the owner of a property uses an authorized representative or contractor, not licensed under Chapter 471, FS, to act as an agent and obtain a new system construction permit; a signed statement from the owner of the property assigning authority to the representative to act on the owner's behalf shall accompany the application. One is provided below.

#### Owner Agreement for Representation

I \_\_\_\_\_ assign authority to \_\_\_\_\_ to act on my behalf

In all aspects of the Onsite Sewage Treatment and Disposal System or Well permit application:

Signature

Date

If we cannot process your application for any reason, a copy of this letter will be mailed to the address on application with the deficiencies that are marked on the back of this page. Please sign the acknowledgement that you have read and understand the application requirements.

#### Acknowledgement

I have read and understand this application check off list and that any deficiencies could result in a delay in receiving a permit:

Ron Mon

Signature

M.S.T.C 05/26/15

Date

#### Florida Department of Health

Alachua County Health Department, John Henry Thomas, M.D. Health Center  
224 SE 24<sup>th</sup> Street • Gainesville, FL 32641  
PHONE: 352-334-7900 • <http://www.alachuacountyhealth.com>

[www.FloridasHealth.com](http://www.FloridasHealth.com)

TWITTER: HealthyFLA

FACEBOOK: FLDepartmentofHealth

YOUTUBE: Adoh

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

## Onsite Sewage and Treatment and Disposal System Application Acknowledgement & Check List

**Please ensure the following items are included with your application. Failure to do so may result in additional fees or delays in processing your permit. The issuance or approval of any onsite sewage permit from the Alachua County Health Department does not relieve a property from the requirements and regulations of the County:**

- |  |   |
|--|---|
| <input type="checkbox"/> Complete site plan drawn to scale showing <u>boundaries with dimensions</u> . Location of all residences and/or buildings, swimming pools, and recorded easements. Location of both the septic tank and drain field. Location of any <u>existing or proposed wells</u> and H2O lines, drainage features, filled areas, obstructed areas, and surface waters. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property within 75 feet of applicant lot.                                    |   |
| <input type="checkbox"/> Completed "Plan Addendum".<br><input type="checkbox"/> Complete floor plans of home and/or Addition with all floors and outside dimensions.<br><input type="checkbox"/> Completed application with all sections complete<br><input type="checkbox"/> Signature on application and "Acknowledgement".<br><input type="checkbox"/> Nearest intersection and directions to Property.<br><input type="checkbox"/> Legal description with dimensions if not in a Worksheet".<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Property/Tax ID Number. | <input type="checkbox"/> Tank certification (repair/existing).<br><input type="checkbox"/> Original permit (repair/existing).<br><input type="checkbox"/> Owner agreement for private evaluator.<br><input type="checkbox"/> Owner agreement for representation.<br><input type="checkbox"/> Annual Operating Permit/Business Survey if not a single family residence.<br><input type="checkbox"/> Site clearly marked or flagged.<br><input type="checkbox"/> (Sites not flagged will be charged \$50).<br><input type="checkbox"/> Completed "Existing System"<br><input type="checkbox"/> Other. |

Once you receive your permit (new, existing, modification, holding tank, and tank abandonment permits, (NOT REPAIRS), you are responsible for delivering a copy to the Alachua County Building Department located at 120 S. Main Street, Gainesville, FL. You are also responsible for delivering a copy of your permit to the septic contractor. Once your inspection has received final approval, a copy will be mailed to you and a copy will be delivered to the Alachua County Building Department. If you have any questions do not hesitate to call our office at 352-334-7930. You may mail correspondence to:

Alachua County Health Department  
PO Box 5849  
Gainesville, FL 32627  
Attention: Environmental Health

For Office Use Only

This application for an Onsite Sewage Treatment and Disposal System Permit number: \_\_\_\_\_

[ ] Has been found complete on: \_\_\_\_\_ [ ] Is not complete due to the reasons checked above.

REMARKS: \_\_\_\_\_

The items mentioned above need to be completed and/or submitted to this office so that we may process your application. If you have any questions, please contact the Alachua County Health Department/Environmental Health Section at 352-334-7930.

[ ] Applicant/Agent was notified by phone on: \_\_\_\_\_ (initials) \_\_\_\_\_

[ ] Applicant/Agent was mailed a copy of this form on: \_\_\_\_\_ (initials) \_\_\_\_\_

### Florida Department of Health

Alachua County Health Department, John Henry Thomas, M.D. Health Center  
224 SE 24th Street • Gainesville, FL 32641  
PHONE: 352-334-7900 • <http://www.alachuahealth.com>

**www.FloridasHealth.com**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fidoH



**FOR NEW/EXISTING/MODIFICATION SYSTEM APPLICATIONS:** The site plan shall be **DRAWN TO SCALE** and shall be for the property where the system is to be installed. 1. The site plan shall **SHOW BOUNDARIES WITH DIMENSIONS** and any of the following **FEATURES THAT EXIST OR THAT ARE PROPOSED**:

- ☐ a. Structures;
  - ☐ b. Swimming pools;
  - ☐ c. Recorded easements;
  - ☐ d. Onsite sewage treatment and disposal system components;
  - ☐ e. Slope of the property;
  - ☐ f. Wells;
  - ☐ g. Potable and non-potable water lines and valves;
  - ☐ h. Drainage features;
  - ☐ i. Filled areas;
  - ☐ j. Excavated areas for onsite sewage systems;
  - ☐ k. Obstructed areas;
  - ☐ l. Surface water bodies; and
  - ☐ m. Location of the reference point for system elevation.
- ☐ 2. If the county health department is responsible for performing the site evaluation, the applicant or applicant's authorized representative shall **indicate the approximate location of wells, onsite sewage treatment and disposal systems, surface water bodies and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated distance to the feature must be shown but need not be drawn to scale.**
- ☐ 3. If the county health department will not be performing the site evaluation, the applicant or authorized agent shall be responsible for the measurements to all features, including the pertinent features within 75 feet of the applicant lot. **The location of any public drinking water well, as defined in paragraph 64E-6.002(44)(b), F.A.C., within 200 feet of the applicant's lot shall also be shown, with the distance indicated from the system to the well.**
- ☐ 4. If an individual lot is five acres or greater, the applicant may draw a minimum one acre parcel to scale showing all required features, or the minimum size drawing necessary to properly exhibit all required features, whichever is larger. The applicant must also show the location of that one acre or larger parcel inside the total site ownership. *To scale parcel must be large enough to provide sufficient authorized flow.*
- ☐ 5. All information that is necessary to determine the total sewage flow and proper setbacks on the site ownership shall be submitted with the application. The applicant lot shall be clearly identified. **A copy of the legal description or survey must accompany the application for confirmation of property dimensions only.**

**FOR REPAIR APPLICATIONS:** A site plan (**NOT REQUIRED TO BE DRAWN TO SCALE**) showing:

- ☒ property dimensions
- ☒ the existing and proposed system configuration and location on the property
- ☒ the building location
- ☒ potable and non-potable water lines, within the existing and proposed drainfield repair area
- ☒ the general slope of the property
- ☒ property lines and easements
- ☒ any obstructed areas
- ☐ any private well *show private potable wells if within 100 feet of system, non-potable within 75 feet*
- ☐ any public wells *show if within 200 feet of system*
- ☐ any surface water bodies and stormwater systems *show if within 100 feet of system*
- ☒ The existing drainfield type shall be described. For example, mineral aggregate, non-mineral aggregate, chambers, or other.
- ☐ **Any unusual site conditions which may influence the system design or function** such as sloping property, drainage structures such as roof drains or curtain drains, and any obstructions such as patios, decks, swimming pools or parking areas.

**FOR ALL SITE PLANS (IF APPLICABLE)**

- ☐ A Coastal Construction Control Line Permit or an exemption notice from the Department of Environmental Protection if any component of the onsite sewage treatment and disposal system or the shoulders or slopes of the system mound will be seaward of the Coastal Construction Control Line, established under Section 161.053, F.S. Should the location of the proposed onsite system relative to the control line not be able to be definitively determined based on the site plan and the online products available on the DEP website, the applicant shall provide a survey prepared by a certified professional surveyor and mapper showing the location of the control line on the subject property.
- ☐ All plans and forms submitted by a licensed engineer shall be dated, signed and sealed.
- ☒ The evaluator shall document the **locations of all soil profiles** on the site plan.

Parcel: 04974-014-000

Search Date: 5/16/2015 at 8:40:25 AM - Data updated: 05/11/15

<b>Taxpayer:</b>	ALACHUA COUNTY HOUSING AUTHORITY	<b>Legal:</b>	THISTLE HILLS EAST PB H-27 LOT 14 OR 804/350
<b>Mailing:</b>	701 NE 1ST ST GAINESVILLE, FL 32601		
<b>Location:</b>	13544 SW 156TH TER ARCHER		
<b>Sec-Twn-Rng:</b>	16-11-18		
<b>Use:</b>	Cty Inc Nonmuni		
<b>Tax Jurisdiction:</b>	Archer		
<b>Area:</b>	City of Archer		
<b>Subdivision:</b>	Thistle Hills East		

## Assessment History

\*\* Exempt Amount and Taxable Value History reflect County Amounts. School Board and City Amounts may differ. \*\*

Year	Use	Land	MktLand	Building	Misc	Market	SOH Deferred	Assessed	Exempt**	Taxable**	Taxes
2014	Cty Inc Nonmuni	16000	16000	39400	100	55500	0	55500	55500	0	0
2013	Cty Inc Nonmuni	16000	16000	40200	100	56300	0	56300	56300	0	0
2012	Cty Inc Nonmuni	16000	16000	41000	100	57100	0	57100	57100	0	0
2011	Cty Inc Nonmuni	16000	16000	43300	100	59400	0	59400	59400	0	0
2010	Cty Inc Nonmuni	16000	16000	45700	100	61800	0	61800	61800	0	0
2009	Cty Inc Nonmuni	16000	16000	49500	100	65600	0	65600	65600	0	0
2008	Single Family	16000	16000	55000	100	71100	0	71100	71100	0	0
2007	Single Family	8000	8000	53800	100	61900	0	61900	61900	0	0
2006	Single Family	8000	8000	50700	100	58800	0	58800	58800	0	0
2005	Single Family	1000	1000	46900	100	48000	0	48000	48000	0	0
2004	Single Family	1000	1000	39300	100	40400	0	40400	40400	0	0
2003	Single Family	1000	1000	37200	100	38300	0	38300	38300	0	0
2002	Single Family	1000	1000	34600	100	35700	0	35700	35700	0	0
2001	Single Family	1000	1000	30800	100	31900	0	31900	31900	0	0
2000	Single Family	1000	1000	29600	100	30700	0	30700	30700	0	0
1999	Single Family	1000	1000	28800	100	29900	0	29900	29900	0	0
1998	Single Family	1000	1000	26800	100	27900	0	27900	27900	0	0
1997	Single Family	1000	1000	25900	100	27000	0	27000	27000	0	11.84
1996	Single Family	1000	1000	21700	100	22800	0	22800	22800	0	0
1995	Single Family	1000	1000	21700	100	22800	0	22800	22800	0	0

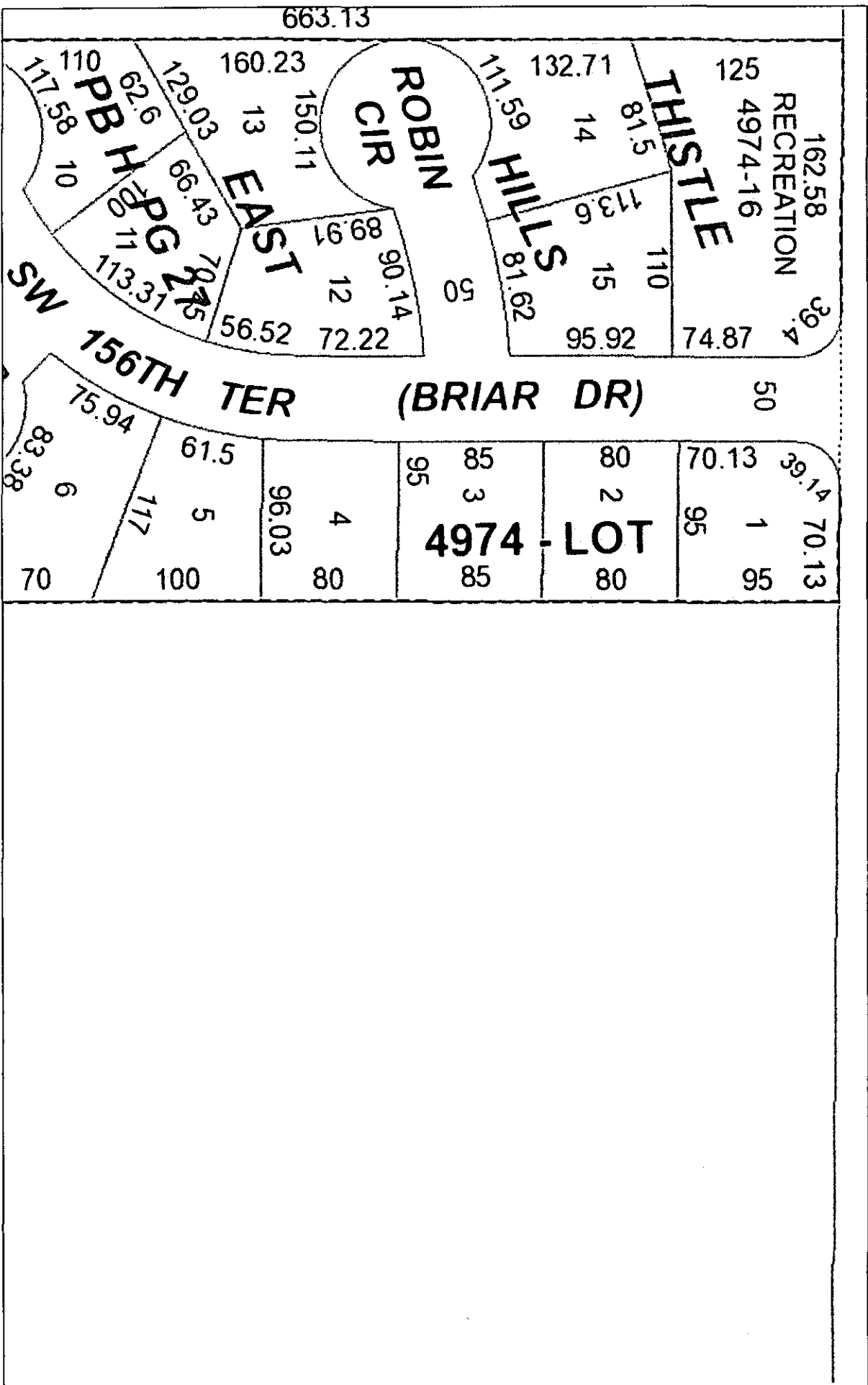
## Land

Use	Zoning	Acres
SFR	R-2	0
2014 Certified Land Value: 16000		

## Building

<b>Actual Year Built</b>	1967	<b>Area Type</b>	<b>Square Footage</b>
<b>Effective Year Built</b>	1967	Base Area (BAS)	1052
<b>Use:</b>	Single Family	Finished Open Porch (FOP)	65
<b>Bedrooms:</b>	3	<b>Heated Area: 1052 Total Area: 1117</b>	
<b>Baths:</b>	1.5		
<b>Stories:</b>	1		
<b>Exterior Wall:</b>	Concrete Block		
<b>AC:</b>	Central Air		
<b>Heating:</b>	Forced Air Duct		

# Title Department Map



June 1, 2015

ACPA

1:29:44PM

**USAGE SUMMARY**

City of Archer

MONTH	TOTAL USAGE	# CUSTOMERS	MONTH AVG	DAILY AVG	% OF YEARLY USAGE
January	5650	1	5,650	182	17.73
February	5539	1	5,539	198	17.39
March	4041	1	4,041	130	12.68
April	5020	1	5,020	167	15.76
May	0	0	0	0	0.00
June	0	0	0	0	0.00
July	0	0	0	0	0.00
August	0	0	0	0	0.00
September	0	0	0	0	0.00
October	0	0	0	0	0.00
November	6310	1	6,310	210	19.81
December	5300	1	5,300	171	16.64
Total Usage	31,860gallons	6			100.00
Total Sales		367.96	Average Sales	183.98	
Monthly Avg.	2,655		Daily Avg.	87	

Individual Accounts

City of Archer

## Reprinted Billing Statement

City of Archer  
P.O. BOX 39  
Archer, FL 32618  
(352) 495-2880

DAVID A KOCH  
290N SW 251 ST  
NEWBERRY FL 32669

---

Current Meter Reading	1,495,630	11/20/2014
Prior Meter Reading	1,409,290	11/20/2014
Usage Amount	86,340	

**Due Date:06/10/15**

Service	Charges
Water	40.37
Garbage	19.30
Tax	4.04
<b>Balance Due:</b>	<b>\$63.71</b>

Customer Name: DAVID A KOCH

Account 970

Route Number: 1

---

Please return this portion of the bill with your payment.

DAVID A KOCH  
13544 SW 156TH TERR

Account #: 970

Billing Date: 5/21/2015

**Balance 63.71**

**Due Date: 06/10/15**

Amount Enclosed: \_\_\_\_\_

## Reprinted Billing Statement



06-276-11



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION INSPECTION AND FINAL APPROVAL

APPLICATION #: AP1039900

PERMIT #: 01-SA-1356843

DOCUMENT #: F1838044

DATE PAID: 06/24/2011

FEE PAID: 300.00

RECEIPT #: 1-PID-1656836

12 man with Rev

APPLICANT: ALACHUA COUNTY HOUSING AUTHORITY

AGENT: MYERS BROTHERS INC

PROPERTY ADDRESS: 13544 SW 156TH Ter Archer, FL 32618

LOT: 14

BLOCK: H-27

SUBDIVISION: Thistle Hills ~~West~~ East ID#: 04974-014-000

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

TANK INSTALLATION

[ ] [01] TANK SIZE [1] 900.00 [2]         
[ ] [02] TANK MATERIAL Concrete  
[ ] [03] OUTLET DEVICE the inside SDD  
[ ] [04] MULTI-CHAMBERED [ Y / N ]  
[ ] [05] OUTLET FILTER         
[ ] [06] LEGEND 1. Unknown 2. N/A  
[ ] [07] WATERTIGHT  
[ ] [08] LEVEL  
[ ] [09] DEPTH TO LID

DRAINFIELD INSTALLATION

[ ] [10] AREA [1] 300 [2]        SQFT  
[ ] [11] DISTRIBUTION BOX        HEADER X  
[ ] [12] NUMBER OF DRAINLINES 1. 3.00 2. N/A  
[ ] [13] DRAINLINE SEPARATION  
[ ] [14] DRAINLINE SLOPE  
[ ] [15] DEPTH OF COVER  
[ ] [16] ELEVATION [ ABOVE / BELOW ] BM 53.00  
[ ] [17] SYSTEM LOCATION  
[ ] [18] DOSING PUMPS         
[ ] [19] AGGREGATE SIZE  
[ ] [20] AGGREGATE EXCESSIVE FINES  
[ ] [21] AGGREGATE DEPTH

FILL / EXCAVATION MATERIAL

[ ] [22] FILL AMOUNT  
[ ] [23] FILL TEXTURE  
[ ] [24] EXCAVATION DEPTH  
[ ] [25] AREA REPLACED  
[ ] [26] REPLACEMENT MATERIAL

SETBACKS

[ ] [27] SURFACE WATER        FT  
[ ] [28] DITCHES 70 FT  
[ ] [29] PRIVATE WELLS        FT  
[ ] [30] PUBLIC WELLS        FT  
[ ] [31] IRRIGATION WELLS        FT  
[ ] [32] POTABLE WATER 32 FT  
[ ] [33] BUILDING FOUNDATIONS 5 FT  
[ ] [34] PROPERTY LINES 30 FT  
[ ] [35] OTHER        FT

FILLED / MOUND SYSTEM

[ ] [36] DRAINFIELD COVER  
[ ] [37] SHOULDERS  
[ ] [38] SLOPES  
[ ] [39] STABILIZATION       

ADDITIONAL INFORMATION

[ ] [40] UNOBSTRUCTED AREA  
[ ] [41] STORMWATER RUNOFF  
[ ] [42] ALARMS  
[ ] [43] MAINTENANCE AGREEMENT  
[ ] [44] BUILDING AREA  
[ ] [45] LOCATION CONFORMS WITH SITE PLAN  
[ ] [46] FINAL SITE GRADING  
[ ] [47] CONTRACTOR Ronald W Myers (Myers Brot  
[ ] [48] OTHER INFILTRATOR Quick4 EQ36 (single

ABANDONMENT

[ ] [49] TANK PUMPED         
[ ] [50] TANK CRUSHED & FILLED

Comments:

CONSTRUCTION [ APPROVED ] DISAPPROVED [ ] Fred Bennett Alachua CHD DATE: 07/07/2011  
Environmental Specialist | Fred L Bennett (Alachua County Health Departm

FINAL SYSTEM [ APPROVED ] DISAPPROVED [ ] Fred Bennett Alachua CHD DATE: 07/07/2011  
Environmental Specialist | Fred L Bennett (Alachua County Health Departm

(Explanation of Violations on following page)

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

EH Database v 1.0.1

AP1039900

EID1356843

Page 2 of 3

PERMIT NUMBER:

Permit tracking number assigned by CHD.

APPLICANT:

Property owner's full name.

AGENT:

Property owner's legally authorized representative.

MAILING ADDRESS:

P.O. Box or street mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION  
PROPERTY ID#:

Lot, Block and Subdivision for lot or  
27 character number for property. (property appraiser ID # or GIS location)

COUNTY HEALTH DEPARTMENT CHECKS [X] ITEMS NOT IN COMPLIANCE WITH CONSTRUCTION PERMIT AND  
STATUTE OR RULE. INFORMATION IS COMPLETED BY CHD ON FOLLOWING ITEMS:

TANK SIZE (gallons)

TANK MATERIAL (concrete, fiberglass, etc)

OUTLET FILTER (manufacturer, make, model)

LEGEND (manufacturer code)

DRAINFIELD AREA (square feet)

DISTRIBUTION BOX / HEADER (check box)

NUMBER OF DRAINLINES (number installed)

SYSTEM ELEVATION (in relation to BM)

DOSING PUMPS (number installed)

SETBACKS (record actual setbacks in ft)

SETBACKS OTHER (as required)

STABILIZATION (date stabilized)

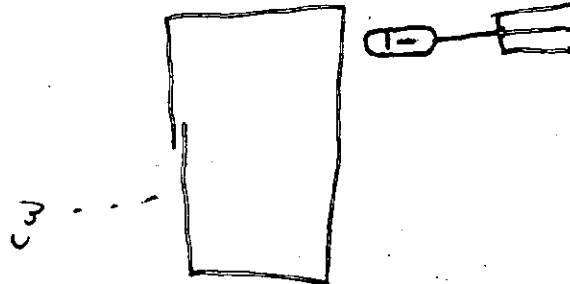
CONTRACTOR (contractor installing system)

ADDITIONAL INFORMATION (as required)

ABANDONMENT TANK PUMPED (date)

TANK CRUSHED AND FILLED (date)

AS BUILT INSTALLATION SKETCH



EXPLANATION OF VIOLATIONS:

Record item number, explanation of violation, and required

CONSTRUCTION APPROVAL:

Circle approved or disapproved, CHD signature and date.

FINAL APPROVAL:

Circle approved or disapproved. CHD signature and date of approval.

Final approval shall not be granted until the CHD has confirmed that building construction and lot grading are in substantial compliance with plans and specifications submitted with the permit application.

ELEVATION WORKSHEET

ELEVATION OF BENCHMARK OR REFERENCE POINT: \_\_\_\_\_

[+] SHOT \_\_\_\_\_

H.I. \_\_\_\_\_

ELEVATION \_\_\_\_\_

□

EXISTING GROUND

H.I. \_\_\_\_\_

[-] SHOT \_\_\_\_\_

TOP OF AGGREGATE

H.I. \_\_\_\_\_

[-] SHOT \_\_\_\_\_

H.I. \_\_\_\_\_

[-] SHOT \_\_\_\_\_



7-6-11  
@ 9:30



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION INSPECTION AND FINAL APPROVAL

PERMIT NO. 06-276-11  
DATE PAID: 6-24-11  
FEE PAID: 300.00  
RECEIPT #: AP 103990  
1-B10-1709763  
175103399

APPLICANT: Alachua County Housing Auth.

AGENT: Myers Brothers Inc

PROPERTY ADDRESS: 13544 SW 156th Terr Archer 32618

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PROPERTY ID #: 04974-014-000

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

TANK INSTALLATION  
[X] [01] TANK SIZE [1] 900 [2] \_\_\_\_\_  
[ ] [02] TANK MATERIAL concrete  
[ ] [03] OUTLET DEVICE tee  
[ ] [04] MULTI-CHAMBERED [Y/N] (Y)  
[ ] [05] OUTLET FILTER \_\_\_\_\_  
[ ] [06] LEGEND unk  
[ ] [07] WATERTIGHT \_\_\_\_\_  
[ ] [08] LEVEL ok  
[ ] [09] DEPTH TO LID 9+8+8

DRAINFIELD INSTALLATION  
[ ] [10] AREA [1] 300 [2] \_\_\_\_\_ SQFT  
[ ] [11] DISTRIBUTION BOX \_\_\_\_\_ HEADER X  
[ ] [12] NUMBER OF DRAINLINES 3  
[ ] [13] DRAINLINE SEPARATION \_\_\_\_\_  
[ ] [14] DRAINLINE SLOPE ok  
[ ] [15] DEPTH OF COVER \_\_\_\_\_  
[ ] [16] ELEVATION (ABOVE/BELOW) BM 53  
[ ] [17] SYSTEM LOCATION ok  
[ ] [18] DOSING PUMPS \_\_\_\_\_  
[ ] [19] AGGREGATE SIZE \_\_\_\_\_  
[ ] [20] AGGREGATE EXCESSIVE FINE NA  
[ ] [21] AGGREGATE DEPTH \_\_\_\_\_

FILL / EXCAVATION MATERIAL  
[ ] [22] FILL AMOUNT \_\_\_\_\_  
[ ] [23] FILL TEXTURE \_\_\_\_\_  
[ ] [24] EXCAVATION DEPTH \_\_\_\_\_  
[ ] [25] AREA REPLACED \_\_\_\_\_  
[ ] [26] REPLACEMENT MATERIAL \_\_\_\_\_

SETBACKS  
[ ] [27] SURFACE WATER \_\_\_\_\_ FT  
[ ] [28] DITCHES 70 FT  
[ ] [29] PRIVATE WELLS \_\_\_\_\_ FT  
[ ] [30] PUBLIC WELLS \_\_\_\_\_ FT  
[ ] [31] IRRIGATION WELLS \_\_\_\_\_ FT  
[ ] [32] POTABLE WATER LINES 32 FT  
[ ] [33] BUILDING FOUNDATION 5 FT  
[ ] [34] PROPERTY LINES 30 FT  
[ ] [35] OTHER \_\_\_\_\_ FT

FILLED / MOUND SYSTEM  
[ ] [36] DRAINFIELD COVER \_\_\_\_\_  
[ ] [37] SHOULDERS \_\_\_\_\_  
[ ] [38] SLOPES \_\_\_\_\_  
[ ] [39] STABILIZATION NA

ADDITIONAL INFORMATION  
[ ] [40] UNOBSTRUCTED AREA ok  
[ ] [41] STORMWATER RUNOFF \_\_\_\_\_  
[ ] [42] ALARMS \_\_\_\_\_  
[ ] [43] MAINTENANCE AGREEMENT NA  
[ ] [44] BUILDING AREA \_\_\_\_\_  
[ ] [45] LOCATION CONFORMS WITH SITE PLAN Y  
[ ] [46] FINAL SITE GRADING 90-6  
[ ] [47] CONTRACTOR Myers  
[ ] [48] OTHER OK 9 36 #25

ABANDONMENT  
[ ] [49] TANK PUMPED \_\_\_\_\_  
[ ] [50] TANK CRUSHED & FILLED \_\_\_\_\_

EXPLANATION OF VIOLATIONS / REMARKS:

CONSTRUCTION (APPROVED/DISAPPROVED): Dred Bennett Alachua CHD DATE: 7/7/11

FINAL SYSTEM (APPROVED/DISAPPROVED): Dred Bennett Alachua CHD DATE: 7/7/11



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE DISPOSAL SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 06-276-11  
DATE PAID: 6/24/11  
FEE PAID: \$325.00  
RECEIPT #: 18103910  
1810-17091103  
175103399

APPLICATION FOR:

☐ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☒ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Alachua County Housing Authority

AGENT: Myers Brothers Inc TELEPHONE: 378-2375

MAILING ADDRESS: 224 NE 16th Gainesville FL 32601

=====

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.

=====

PROPERTY INFORMATION

LOT: 14 BLOCK: \_\_\_\_\_ SUBDIVISION: Thistle Hills East PLATTED: 1967

PROPERTY ID #: 04974-014-000 ZONING: Residential I/M OR EQUIVALENT: ( Y / N )

PROPERTY SIZE: 2.21 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 13544 SW 156th Terr Archer FL 32618

DIRECTIONS TO PROPERTY: West - Archer Rd, left - 27/41, left on  
CR 346, R - 156th Terr, 1st left, Home on  
at end in C-10-A - see on Right

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sq Ft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Single Family	3	1052	<u>N/A</u>
2			<u>300 gpd</u>	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: David Myers DATE: 6/24/11



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # 62764

APPLICANT: Alachua County Housing Authority

CONTRACTOR / AGENT: Myers Brothers Inc

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIV: \_\_\_\_\_ ID#: \_\_\_\_\_

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION

[ 900 ] GALLONS SEPTIC TANK GPD ATU LEGEND: N/A MATERIAL: Precast BAFFLED: { Y / NT }  
[ ] GALLONS SEPTIC TANK/GPD ATU LEGEND: \_\_\_\_\_ MATERIAL: \_\_\_\_\_ BAFFLED: { Y / NT }  
[ ] GALLONS GREASE INTERCEPTOR LEGEND: \_\_\_\_\_ MATERIAL: \_\_\_\_\_  
[ ] GALLONS DOSING TANK LEGEND: \_\_\_\_\_ MATERIAL: \_\_\_\_\_ # PUMPS: [ ]

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 5/16/11 BY Myers Brothers Inc, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [ DIMENSIONS / FILLING / LEGEND ], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [ SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE ] INSTALLED.

Myers Brothers Inc Myers Brothers Inc 5/16/11  
SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

EXISTING DRAINFIELD INFORMATION

74x42x61  
[ ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: \_\_\_\_\_ X \_\_\_\_\_  
[ ] SQUARE FEET \_\_\_\_\_ SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: \_\_\_\_\_ X \_\_\_\_\_  
TYPE OF SYSTEM: [ ] STANDARD [ ] FILLED [ ] MOUND [ ] \_\_\_\_\_  
CONFIGURATION: [ ] TRENCH [ ] BED [ ] \_\_\_\_\_  
DESIGN: [ ] HEADER [ ] D-BOX [ ] GRAVITY SYSTEM [ ] DOSED SYSTEM  
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE \_\_\_\_\_ INCHES { ABOVE / BELOW }

SYSTEM FAILURE AND REPAIR INFORMATION

[ ] SYSTEM INSTALLATION DATE TYPE OF WASTE [ ] DOMESTIC [ ] COMMERCIAL  
[ ] GPD ESTIMATED SEWAGE FLOW BASED ON [ ] METERED WATER [ ] TABLE 1, 64E-6, FAC  
SITE [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO / DECK [ ] PARKING  
CONDITIONS: [ ] SLOPING PROPERTY [ ] \_\_\_\_\_  
NATURE OF [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE  
FAILURE: [ ] DRAINAGE / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ] \_\_\_\_\_  
FAILURE [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ] DRAINFIELD  
SYMPTOM: [ ] PLUMBING BACKUP [ ] \_\_\_\_\_

REMARKS/ADDITIONAL CRITERIA

SUBMITTED BY: \_\_\_\_\_ TITLE/LICENSE \_\_\_\_\_ DATE: \_\_\_\_\_  
DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # 06-276-11

APPLICANT: Alachua County Housing Authority

CONTRACTOR / AGENT: Myers

LOT: H-27 BLOCK: H-27 SUBDIV: Thistle E. ID#: 04974-014-000

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION

[ ] GALLONS SEPTIC TANK/GPD ATU LEGEND: MATERIAL: BAFFLED: [Y / N]  
[ ] GALLONS SEPTIC TANK/GPD ATU LEGEND: MATERIAL: BAFFLED: [Y / N]  
[ ] GALLONS GREASE INTERCEPTOR LEGEND: MATERIAL: # PUMPS: [ ]  
[ ] GALLONS DOSING TANK LEGEND: MATERIAL: # PUMPS: [ ]

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON / / BY , HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [ DIMENSIONS / FILLING / LEGEND ], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [ SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE ] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

EXISTING DRAINFIELD INFORMATION

[ 240 ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [ 2 ] DIMENSIONS: 3 x 40  
[ ] SQUARE FEET SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: x  
TYPE OF SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ]  
CONFIGURATION: [X] TRENCH [ ] BED [ ]  
DESIGN: [ ] HEADER [X] D-BOX [X] GRAVITY SYSTEM [ ] DOSED SYSTEM  
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE 24 INCHES [ ABOVE / BELOW ]

SYSTEM FAILURE AND REPAIR INFORMATION

1/1/1967 [ ] SYSTEM INSTALLATION DATE TYPE OF WASTE [X] DOMESTIC [ ] COMMERCIAL  
[ ] GPD ESTIMATED SEWAGE FLOW BASED ON [ ] METERED WATER [X] TABLE 1, 64E-6, FAC  
SITE [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO / DECK [ ] PARKING  
CONDITIONS: [X] SLOPING PROPERTY [ ]  
NATURE OF [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [X] SYSTEM DAMAGE  
FAILURE: [ ] DRAINAGE / RUN OFF [X] ROOTS [ ] WATER TABLE [ ]  
FAILURE [X] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ] DRAINFIELD  
SYMPTOM: [X] PLUMBING BACKUP [ ]

REMARKS/ADDITIONAL CRITERIA line area repair ASAT

SUBMITTED BY: David Bennett TITLE/LICENSE ES-C

DATE: 6-29-11

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

Incorporated 64E-6.001, FAC



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE DISPOSAL SYSTEM  
SITE EVALUATION AND SYSTEM SPECIFICATIONS

PERMIT # 06-276-11

APPLICANT: Alachua County Housing Authority AGENT: Myer  
LOT: 14 BLOCK: H 27 SUBDIVISION: Thistle Hills East

PROPERTY ID #: 04974-014-000 [Section/Township/Range/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEER'S MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: ☒ YES ☐ NO NET USABLE AREA AVAILABLE: 2.5 ACRES  
TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY [RESIDENCES TABLE / OTHER-TABLE 2]  
AUTHORIZED SEWAGE FLOW: 325 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]  
UNOBSTRUCTED AREA AVAILABLE: 1000 SQFT UNOBSTRUCTED AREA REQUIRED: 360 SQFT

BENCHMARK/REFERENCE POINT LOCATION: nail in sweet gum  
ELEVATION OF PROPOSED SYSTEM SITE IS: 24 (INCHES/FT) [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:  
SURFACE WATER: — FT DITCHES/SWALES: 300 FT NORMALLY WET? ☐ YES ☒ NO  
WELLS: PUBLIC: — FT LIMITED USE: — FT PRIVATE: — FT NON-POTABLE: — FT  
BUILDING FOUNDATIONS: 4 FT PROPERTY LINES: 10 FT POTABLE WATER LINES: 30 FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO  
10 YEAR FLOOD ELEVATION FOR SITE: N/A FT MSL/NGVD SITE ELEVATION: N/A FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1-24" Bk

Munsell #/Color	Texture	Depth
10YR 5/2	FS	0 to 10
7/4	FS	10 to 60
8/2	FS	60 to 65
* 7.5Y 6/8	SC	65 to 72
		to
		to
		to
		to
* 7.5Y 5/6		to
USDA SOIL SERIES: <u>Sims Bonner</u>		

SOIL PROFILE INFORMATION SITE 2-24" Bk

Munsell #/Color	Texture	Depth
10YR 5/2	FS	0 to 10
7/4	FI	10 to 39
8/2	FS	39 to 58
* 7.5Y 6/8	FS	58 to 64
* 7.5Y 6/8	SC	64 to 72
		to
		to
		to
* 7.5Y 5/6	com. S. R.	58 to 72
USDA SOIL SERIES: <u>Bonner</u>		

OBSERVED WATER TABLE: 60 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: PERCHED / APPARENT  
ESTIMATED WET SEASON WATER TABLE ELEVATION: 58 INCHES [ABOVE / BELOW] EXISTING GRADE.  
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTILING: ☐ YES ☐ NO DEPTH: 58 INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Table VI DEPTH OF EXCAVATION: — INCHES  
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY) \_\_\_\_\_  
REMARKS/ADDITIONAL CRITERIA: \_\_\_\_\_

SITE EVALUATED BY: Died Bennett DATE: 6/29/11

06 276-11



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

PERMIT #: **01-SA-1356843**  
APPLICATION #: **AP1039900**  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: **PR848608**

CONSTRUCTION PERMIT FOR: OSTDS Repair

APPLICANT: (ALACHUA COUNTY HOUSING AUTHORITY)

PROPERTY ADDRESS: 13544 SW 156TH Ter Archer, FL 32618

LOT: 14 BLOCK: H-27 SUBDIVISION: Thistle Hills ~~West~~ East

PROPERTY ID #: 04974-014-000

[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

T [ 900 ] GALLONS / GPD Septic CAPACITY  
A [ 0 ] GALLONS / GPD CAPACITY  
N [ 0 ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [      ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 240 ] SQUARE FEET replacement SYSTEM  
R [ 0 ] SQUARE FEET SYSTEM

A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: nail in tree near site

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW [ ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 54.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW [ ] BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O Required drainfield area based on rule 64E-6.015(6)(c)2.  
Install a new drainfield to achieve Drainfield size requirement.

T  
H The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with  
E s. 64E-6.013(3)(f), FAC. or may reuse existing tank with a certification from a licensed septic contractor/hauler and sized  
R >650 gallons

SPECIFICATIONS BY: Fred L Bennett

TITLE: Environmental Specialist I

APPROVED BY: Fred L Bennett

TITLE: Environmental Specialist I

Alachua CHD

DATE ISSUED: 06/29/2011

EXPIRATION DATE: 09/27/2011

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Page 1 of 3

Incorporated: 64E-6.003, FAC

1.1.4

AP1039900

EE847220

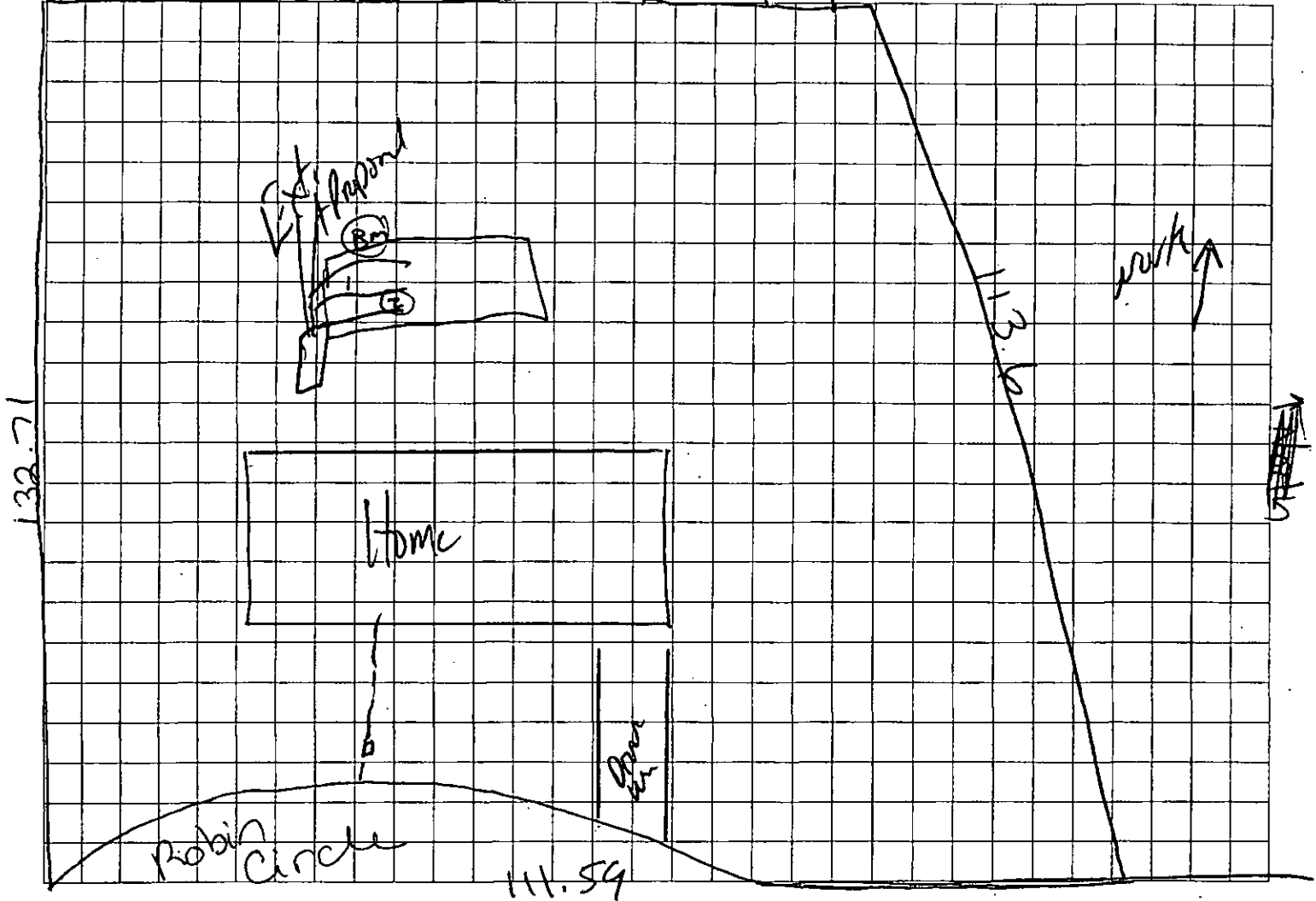


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 06 276-11

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: \_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_

Plan Approved ☒

By Dred Bennett

Signature

Not Approved \_\_\_\_\_

Date

Title

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION INSPECTION AND FINAL APPROVAL

06-286-15  
APPLICATION #: **AP1191034**  
PERMIT #: **01-SA-1609734**  
DOCUMENT #: **F11004425**  
DATE PAID: **06/02/2015**  
FEE PAID: **185.00**  
RECEIPT #: **1-PID-2675667**

APPLICANT: Alachua County Housing Authority

AGENT: Ronnie Moore

PROPERTY ADDRESS: 13544 SW 156th Ter Archer, FL 32618

LOT: 14

BLOCK: H-27

SUBDIVISION: Thistle Hills East

ID#: 04974-014-000

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

TANK INSTALLATION

[ ] [01] TANK SIZE [1] 900.00 [2] —  
[ ] [02] TANK MATERIAL Concrete  
[ ] [03] OUTLET DEVICE SD  
[ ] [04] MULTI-CHAMBERED [ Y / N ] N  
[ ] [05] OUTLET FILTER —  
[ ] [06] LEGEND 1. Unknown 2. —  
[ ] [07] WATERTIGHT  
[ ] [08] LEVEL  
[ ] [09] DEPTH TO LID

DRAINFIELD INSTALLATION

[ ] [10] AREA [1] 375 [2] — SQFT  
[ ] [11] DISTRIBUTION BOX — HEADER X  
[ ] [12] NUMBER OF DRAINLINES 1. 4.00 2. —  
[ ] [13] DRAINLINE SEPARATION  
[ ] [14] DRAINLINE SLOPE  
[ ] [15] DEPTH OF COVER  
[ ] [16] ELEVATION [ ABOVE / BELOW ] BM 56.00  
[ ] [17] SYSTEM LOCATION  
[ ] [18] DOSING PUMPS —  
[ ] [19] AGGREGATE SIZE  
[ ] [20] AGGREGATE EXCESSIVE FINES  
[ ] [21] AGGREGATE DEPTH

FILL / EXCAVATION MATERIAL

[ ] [22] FILL AMOUNT  
[ ] [23] FILL TEXTURE  
[ ] [24] EXCAVATION DEPTH  
[ ] [25] AREA REPLACED  
[ ] [26] REPLACEMENT MATERIAL

SETBACKS

[ ] [27] SURFACE WATER — FT  
[ ] [28] DITCHES — FT  
[ ] [29] PRIVATE WELLS — FT  
[ ] [30] PUBLIC WELLS — FT  
[ ] [31] IRRIGATION WELLS — FT  
[ ] [32] POTABLE WATER 35 FT  
[ ] [33] BUILDING FOUNDATIONS 5 FT  
[ ] [34] PROPERTY LINES 2 FT  
[ ] [35] OTHER — FT

FILLED / MOUND SYSTEM

[ ] [36] DRAINFIELD COVER  
[ ] [37] SHOULDERS  
[ ] [38] SLOPES  
[ ] [39] STABILIZATION —

ADDITIONAL INFORMATION

[ ] [40] UNOBSTRUCTED AREA  
[ ] [41] STORMWATER RUNOFF  
[ ] [42] ALARMS  
[ ] [43] MAINTENANCE AGREEMENT  
[ ] [44] BUILDING AREA  
[ ] [45] LOCATION CONFORMS WITH SITE PLAN  
[ ] [46] FINAL SITE GRADING  
[ ] [47] CONTRACTOR Ronald W Myers  
[ ] [48] OTHER 25# ADS ARC 24 w / cloth

ABANDONMENT

[ ] [49] TANK PUMPED —  
[ ] [50] TANK CRUSHED & FILLED

Comments: Comments are on page 2.

CONSTRUCTION [ ☒ APPROVED ] / DISAPPROVED [ ]: Fred Bennett Alachua CHD DATE: 06/09/2015  
Environmental Specialist II Fred L Bennett (Department of Health in Alachua)  
FINAL SYSTEM [ ☒ APPROVED ] / DISAPPROVED [ ]: Fred Bennett Alachua CHD DATE: 06/10/2015  
Environmental Specialist II Fred L Bennett (Department of Health in Alachu)

(Explanation of Violations on following page)

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

EH Database v 1.0.1

AP1191034

EID1609734

Page 2 of 3

TH





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM #  
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # 6-286-15

APPLICANT: Alachua County Housing Authority  
CONTRACTOR / AGENT: Myers Brothers Inc

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIV: \_\_\_\_\_ ID#: \_\_\_\_\_

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION (74X47X61)

GALLONS	SEPTIC TANK/GPD ATU	LEGEND	MATERIAL	BAFFLED
[ 100 ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]	[ ]

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 6/9/15 BY Rennie Myers Brothers, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [ ] DIMENSIONS [ ] FILLING / LEGEND [ ], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [ ] SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE [ ] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR Rennie Myers Brothers Inc BUSINESS NAME Myers Brothers Inc DATE 6/9/15

EXISTING DRAINFIELD INFORMATION

[ ] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: \_\_\_\_\_ X \_\_\_\_\_  
[ ] SQUARE FEET \_\_\_\_\_ SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: \_\_\_\_\_ X \_\_\_\_\_  
TYPE OF SYSTEM: [ ] STANDARD [ ] FILLED [ ] MOUND [ ]  
CONFIGURATION: [ ] TRENCH [ ] BED [ ]  
DESIGN: [ ] HEADER [ ] D-BOX [ ] GRAVITY SYSTEM [ ] DOSED SYSTEM  
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE \_\_\_\_\_ INCHES [ ABOVE / BELOW ]

SYSTEM FAILURE AND REPAIR INFORMATION

[ ] SYSTEM INSTALLATION DATE \_\_\_\_\_ TYPE OF WASTE [ ] DOMESTIC [ ] COMMERCIAL  
[ ] GPD ESTIMATED SEWAGE FLOW BASED ON [ ] METERED WATER [ ] TABLE 1, 64E-6, FAC  
SITE [ ] DRAINAGE STRUCTURES [ ] POOL [ ] PATIO / DECK [ ] PARKING  
CONDITIONS: [ ] SLOPING PROPERTY [ ]  
NATURE OF [ ] HYDRAULIC OVERLOAD [ ] SOILS [ ] MAINTENANCE [ ] SYSTEM DAMAGE  
FAILURE: [ ] DRAINAGE / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ]  
FAILURE [ ] SEWAGE ON GROUND [ ] TANK [ ] D BOX/HEADER [ ] DRAINFIELD  
SYMPTOM: [ ] PLUMBING BACKUP [ ]

REMARKS/ADDITIONAL CRITERIA

SUBMITTED BY: \_\_\_\_\_ TITLE/LICENSE \_\_\_\_\_ DATE: \_\_\_\_\_  
DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC

ACHD-E22701  
2015 JUN 10 PM 1 15  
A. DENNIS

6/8/15  
8:51 AM



Ron  
Myers

6/9/15  
Tuesday 1200

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
CONSTRUCTION INSPECTION AND FINAL APPROVAL

PERMIT NO. 6-286-15  
DATE PAID: 6/8/15  
FEE PAID: 185.00  
RECEIPT #: 2862008  
AP1191038

APPLICANT: Alachua County Housing Authority  
AGENT: moore, Ronie  
PROPERTY ADDRESS: 13544 SW 156th Lane Archer, FL 32618  
LOT: 14 BLOCK: H-27 SUBDIVISION: Thistle Hills East PROPERTY ID #: 04974-014000

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

TANK INSTALLATION		SETBACKS	
[4]	[01] TANK SIZE [1] <u>900</u> [2] _____	[ ]	[27] SURFACE WATER _____ FT
[ ]	[02] TANK MATERIAL <u>concrete</u>	[ ]	[28] DITCHES _____ FT
[ ]	[03] OUTLET DEVICE <u>SD</u>	[ ]	[29] PRIVATE WELLS _____ FT
[ ]	[04] MULTI-CHAMBERED [ Y / N ] _____	[ ]	[30] PUBLIC WELLS _____ FT
[ ]	[05] OUTLET FILTER <u>B</u>	[ ]	[31] IRRIGATION WELLS _____ FT
[ ]	[06] LEGEND <u>unk</u>	[ ]	[32] POTABLE WATER LINES <u>35</u> FT
[ ]	[07] WATERTIGHT _____	[ ]	[33] BUILDING FOUNDATION <u>S</u> FT
[ ]	[08] LEVEL _____	[X]	[34] PROPERTY LINES <u>2</u> FT <u>ok</u>
[ ]	[09] DEPTH TO LID <u>5 + 5 + 7.5</u>	[ ]	[35] OTHER _____ FT
DRAINFIELD INSTALLATION		FILLED / MOUND SYSTEM	
[ ]	[10] AREA [1] <u>375</u> [2] _____ SQFT	[ ]	[36] DRAINFIELD COVER
[ ]	[11] DISTRIBUTION BOX _____ HEADER <u>✓</u>	[ ]	[37] SHOULDERS
[ ]	[12] NUMBER OF DRAINLINES <u>5</u>	[ ]	[38] SLOPES
[ ]	[13] DRAINLINE SEPARATION _____	[ ]	[39] STABILIZATION _____
[ ]	[14] DRAINLINE SLOPE _____	ADDITIONAL INFORMATION	
[ ]	[15] DEPTH OF COVER _____	[ ]	[40] UNOBSTRUCTED AREA
[ ]	[16] ELEVATION [ABOVE/BELOW] <u>BM 56</u>	[ ]	[41] STORMWATER RUNOFF
[ ]	[17] SYSTEM LOCATION _____	[ ]	[42] ALARMS
[ ]	[18] DOSING PUMPS _____	[ ]	[43] MAINTENANCE AGREEMENT
[ ]	[19] AGGREGATE SIZE _____	[ ]	[44] BUILDING AREA
[ ]	[20] AGGREGATE EXCESSIVE FINES _____	[ ]	[45] LOCATION CONFORMS WITH SITE PLAN
[ ]	[21] AGGREGATE DEPTH _____	[ ]	[46] FINAL SITE GRADING
FILL / EXCAVATION MATERIAL		[ ]	[47] CONTRACTOR <u>Myers</u>
[ ]	[22] FILL AMOUNT _____	[ ]	[48] OTHER <u>25 Ar - 24 w/ clash</u>
[ ]	[23] FILL TEXTURE _____	ABANDONMENT	
[ ]	[24] EXCAVATION DEPTH _____	[ ]	[49] TANK PUMPED <u>/ /</u>
[ ]	[25] AREA REPLACED _____	[ ]	[50] TANK CRUSHED & FILLED <u>/ /</u>
[ ]	[26] REPLACEMENT MATERIAL _____		

EXPLANATION OF VIOLATIONS / REMARKS:  
[ ] Soils ok  
[48] line lengths had phone line & driveway constraints  
[ ] need tank certification

CONSTRUCTION [APPROVED/DISAPPROVED]: Zach Bennett Alachua CHD DATE: 6-9-15  
FINAL SYSTEM [APPROVED/DISAPPROVED]: Zach Bennett Alachua CHD DATE: 6-9-15