



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 08-359-922
DATE PAID 1
FEE PAID \$ 1
RECEIPT #

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Temporary/Experimental
[X] Repair [] Abandonment [] Other (Specify)

APPLICANT:

Alicia Co. Housing Authority

TELEPHONE:

372-2549

AGENT:

Myers Scottie Tank

MAILING ADDRESS:

224 NE 16 Ave brick ft

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. ATTACH BUILDING PLAN AND TO-SCALE SITE PLAN SHOWING PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

PROPERTY INFORMATION [IF LOT IS NOT IN A RECORDED SUBDIVISION, ATTACH LEGAL DESCRIPTION OR DEED]

LCT: N/A BLOCK: N/A SUBDIVISION: 4974-001-000 4974-016-000
Thistle Hills EAST DATE OF SUBDIVISION: 1960's

PROPERTY ID #: 16-115-18E [Section/Township/Range/Parcel No.] ZONING: Res

PROPERTY SIZE: 1/4 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: [] PRIVATE [X] PUBLIC

PROPERTY STREET ADDRESS: 120 Thistle Hill EAST 800 E High St.

DIRECTIONS TO PROPERTY SR24 to Acher south on SR45 to

SR346 EAST to sub.

BUILDING INFORMATION

[X] RESIDENTIAL

[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	Single Family?	3	1200	? 4-6	
2					
3					
4					300 GPM

[] Garbage Grinders/Disposals [] Spas/Hot Tubs [] Floor/Equipment Drains
[] Ultra-low Volume Flush Toilets [] Other (Specify)

APPLICANT'S SIGNATURE:

Ron Myers

DATE:

8/12/97



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

PERMIT # 8-859-97R

APPLICANT: Alachua County Housing Authority AGENT: Myers Septic Tank
LOT: N/A BLOCK: N/A SUBDIVISION: Thistle Hills East
PROPERTY ID #: 16-11-18 (4971-001) [Section/Township/Range/Parcel No. or Tax ID Number]
16 11 18

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: .25 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY [RESIDENCES-TABLE 1 / OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 625 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1000 SQFT UNOBSTRUCTED AREA REQUIRED: 666 SQFT

BENCHMARK/REFERENCE POINT LOCATION: Top of Existing Back Step
ELEVATION OF PROPOSED SYSTEM SITE IS 4 [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: 0 FT PROPERTY LINES: 2 FT POTABLE WATER LINES: 210 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

Munsell #/Color	Texture	Depth
<u>4/2</u>	<u>FS</u>	<u>0 to 8</u>
<u>5/3</u>	<u>FS</u>	<u>8 to 30</u>
<u>6/3</u>	<u>F2</u>	<u>30 to 48</u>
<u>7/3</u>	<u>F2</u>	<u>48 to 54</u>
<u>8/2</u>	<u>FS</u>	<u>54 to 72</u>
		to
		to
		to
		to
USDA SOIL SERIES:	<u>Dim Candler</u>	

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
<u>4/2</u>	<u>FS</u>	<u>0 to 14</u>
<u>5/3</u>	<u>FS</u>	<u>14 to 32</u>
<u>6/3</u>	<u>F2</u>	<u>32 to 50</u>
<u>7/3</u>	<u>F2</u>	<u>50 to 58</u>
<u>8/2</u>	<u>FS</u>	<u>58 to 72</u>
		to
		to
		to
		to
USDA SOIL SERIES:	<u>Dim Candler</u>	

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

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: F.S./0.9 DEPTH OF EXCAVATION: N/A INCHES
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: MM S 2m DATE: 8-15-97



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

Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 8-859-972
DATE PAID 1
FEE PAID \$ 1
RECEIPT # 1

CONSTRUCTION PERMIT FOR:

[] New System [] Existing System [] Holding Tank [] Temporary/Experimental
[X] Repair [] Abandonment [] Other(Specify) _____

APPLICANT: Alachua County Housing Authority AGENT: Myers Septic Tank

PROPERTY STREET ADDRESS: 120 Thistle Hills East

LOT: N/A BLOCK: N/A SUBDIVISION: Thistle Hills East

PROPERTY ID #: 16-11-18 4974-001 [SECTION/TOWNSHIP/RANGE/PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF CHAPTER 10D-6, FAC. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM THE DATE OF ISSUE. ALL OTHER PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUE. DEPARTMENT OF HEALTH 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.

SYSTEM DESIGN AND SPECIFICATIONS

1350 900
[1350] [8 GALLONS / GPD] [SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN SERIES: []
[05] [05 GALLONS / GPD] CAPACITY MULTI-CHAMBERED/IN SERIES: []
[Existing] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
[831] GALLONS PER DOSE DOSING TANK CAPACITY DOSE RATE [] PER 24 HRS NO. OF PUMPS: []

D [334] SQUARE FEET PRIMARY DRAINFIELD SYSTEM

R [] SQUARE FEET _____ SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] _____

I CONFIGURATION: [X] TRENCH [X] BED [] _____

F LOCATION OF BENCHMARK: Top of Existing Back Step

I ELEVATION OF PROPOSED SYSTEM SITE [4] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [≤ 34] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

L _____

D FILL REQUIRED: [N/A] INCHES EXCAVATION REQUIRED: [N/A] INCHES

O 0-Box Invert to be set ≤ 28" below R.P. or ≤ 24" below N.G.

T _____

H _____

E _____

R _____

SPECIFICATIONS BY: Mrs. S. L. L.

TITLE: I.S. I

APPROVED BY: Anthony L. L.

TITLE: FS I Alachua CHD

E ISSUED: 8-15-97

EXPIRATION DATE: 11-15-97



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # 8-859-972
RECEIPT #
FEE PAID \$
DATE PAID

APPLICANT: Alachua County Housing AGENT: Myers

PROPERTY STREET ADDRESS: 120 Thistle Hill East

LOT: N/A BLOCK: N/A SUBDIVISION:

PROPERTY ID #: 16-115-18E [SECTION/TOWNSHIP/RANGE/PARCEL NUMBER]
Myers [OR TAX ID NUMBER]

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

TANK INSTALLATION existing
[] [01] TANK SIZE [1] 900 [2] 900
[] [02] TANK MATERIAL concrete
[] [03] OUTLET DEVICE outlet tee
[] [04] MULTI-CHAMBERS no
[] [05] LEGEND existing
[] [06] WATERTIGHT -
[] [07] LEVEL -
[] [08] DEPTH OF LID -

SETBACKS
[] [27] SURFACE WATER N/A
[] [28] DITCHES N/A
[] [29] PRIVATE WELLS N/A
[] [30] PUBLIC WELLS N/A
[] [31] IRRIGATION WELLS N/A
[] [32] POTABLE WATER LINES 10 ft
[] [33] BUILDING FOUNDATION S
[] [34] PROPERTY LINES 5
[] [35] OTHER N/A

DRAINFIELD INSTALLATION
[] [09] AREA [1] 840 [2] Bed SQFT
[] [10] DISTRIBUTION BOX/HEADER
[] [11] NUMBER OF DRAINLINES 5 connected
[] [12] DRAINLINE SEPARATION -
[] [13] DRAINLINE SLOPE -
[] [14] DEPTH OF COVER -
[] [15] SYSTEM ELEVATION 24" b.g.
[] [16] SYSTEM LOCATION -
[] [17] DOSING PUMPS N/A
[] [18] AGGREGATE SIZE -
[] [19] AGGREGATE SOURCE -
[] [20] AGGREGATE WASHED -
[] [21] AGGREGATE DEPTH -

FILLED/MOUND SYSTEM
[] [36] DRAINFIELD COVER
[] [37] SHOULDERS N/A
[] [38] SLOPES
[] [39] STABILIZATION MATERIAL / /

FILL/EXCAVATION MATERIAL
[] [22] FILL AMOUNT
[] [23] FILL TEXTURE
[] [24] EXCAVATION DEPTH N/A
[] [25] EXCAVATION AREA
[] [26] REPLACEMENT MATERIAL

ADDITIONAL INFORMATION
[] [40] UNOBSTRUCTED AREA -
[] [41] STORMWATER RUNOFF -
[] [42] ALARMS N/A
[] [43] MAINTENANCE AGREEMENT N/A
[] [44] BUILDING AREA 10
[] [45] PLUMBING FIXTURES -
[] [46] FINAL SITE GRADING -
[] [47] CONTRACTOR Myers
[] [48] OTHER N/A

ABANDONMENT
[] [49] TANK PUMPED / N/A
[] [50] TANK CRUSHED AND FILLED / /

EXPLANATION OF VIOLATIONS:
[] left old drainfield tied in
[]
[]
[]

CONSTRUCTION APPROVED/DISAPPROVED]: Anthony Dennis ACHD DATE: 8/20/97
FINAL SYSTEM APPROVED/DISAPPROVED]: Anthony Dennis ACHD DATE: 8/20/97



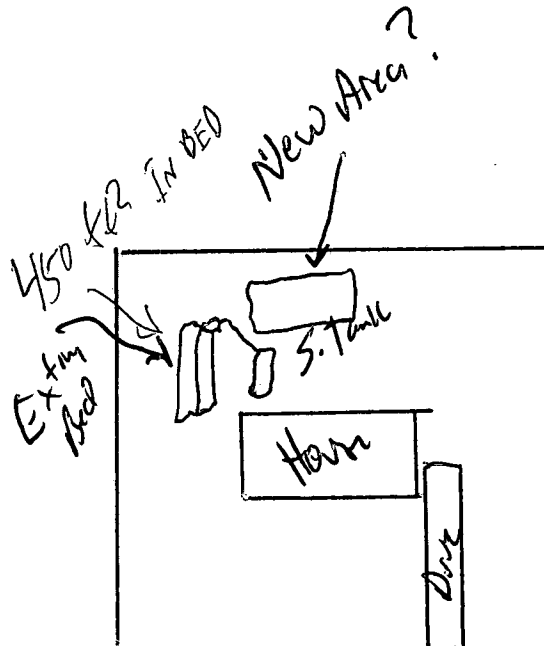
STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number _____

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.

North
←



Notes: _____

Site Plan submitted by: Row Myers SIGNATURE

8/13/97 TITLE

By _____ Approved _____ Not Approved _____ Date _____

By _____ County Public Unit

ALL CHANGES MUST BE APPROVED BY THE COUNTY PUBLIC HEALTH UNIT

Post-it Fax Note 7672

To Ron Myers
Company Myers Septic
Location
Fax # 376-8166
Comments

Telephone #

No. of Pages 1

Today's Date

8/12/97

Time

10:22 a.m.

From Betty

Company

Alachua County Housing

Location

Dept. Charge

Fax #

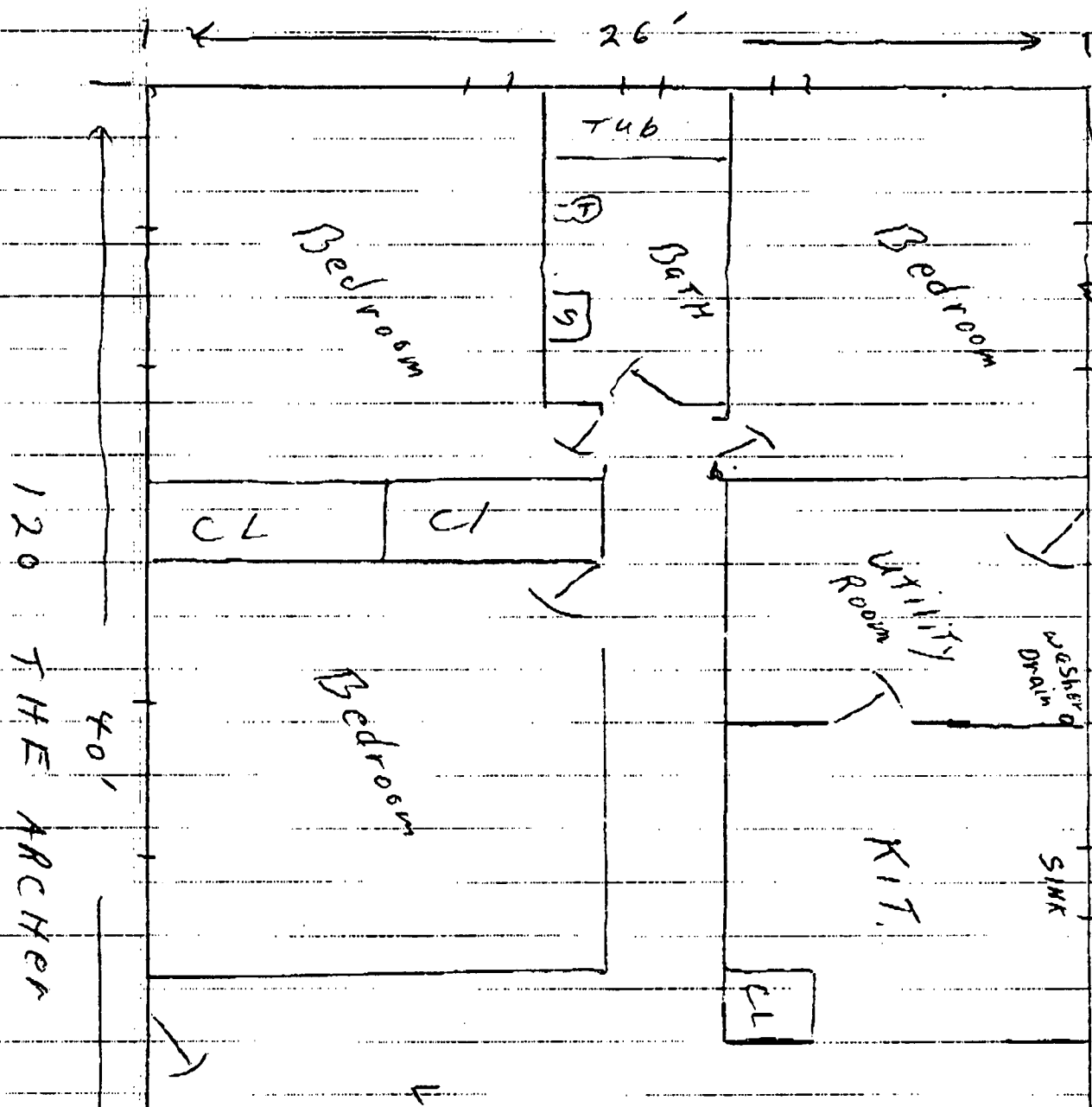
373-4097

Telephone #

372-2549

Original
Disposition:☐ Destroy☐ Return☐ Call for pickup

per your request floor plan for three bedroom unit in Archer.



FROM: CITY OF ARCHER

USAGE OF WATER AT 120 THE

AUG 96

High June

97'

582 680

831

in Bad

PND

WATER

Reading	Cons.	Perms	Amount	Date
				June
				May
				Apr.
				Mar.
				Feb.
				Jan.
				Dec.
				Nov.
				Oct.
				Sept.
				Aug.
				July
				June

Number	Make	Size	Const.	Minimum	Location
8602840	BAD	3/4			800 E. High St.
					THE 120
	New Mtr.	12/86			50.00
	Rental - Ala. Co. Hyg. Auth.				11-4-94
	House - 1970				

UNDERWOOD, ELMER L.
800 EAST HIGH ST
THISTLE HILLS EAST 120
ARCHER, MO 65613

WATER

Reading	Cons.	Perms	Amount	Date
5418	0.17	480	582	June 1997
224500	14,850		479	May 1997
209600	15,540		518	May 1997
674110	11,210		555	May 1997
683100	12,040		415	Feb 1997
671060	12,110		406	Jan 1997
652450	13,210		426	Dec 1996
645240	11,690		389	Nov 1996
635210	13,430		433	Oct 1996
624130	11,110		339	Sept 1996
609110	23,900	610310		May 1996
5860140	13,890		451	May 1996
572050	14,500		483	May 1996

Number	Make	Size	Const.	Minimum	Location
8602840	BAD	3/4			800 E. High St.
					THE 120
	New Mtr.	12/86			50.00
	Rental - Ala. Co. Hyg. Auth.				11-4-94
	House - 1970				

UNDERWOOD, ELMER L.
800 EAST HIGH ST
THISTLE HILLS EAST 120
ARCHER, MO 65613

INSTRUCTIONS:

APPLICATION FOR: Check type of permit, if "Other" specify type in blank.

APPLICANT: Property owner's full name.

TELEPHONE: Telephone number for applicant or agent.

AGENT: Property owner's legally authorized representative.

MAILING ADDRESS: P.O. box or street, city, state and zip code mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

DATE OF SUBDIVISION: Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

PROPERTY ID#: 27 character number for property. (CPHU may require property appraiser ID # or section/township/range/parcel number.

PROPERTY SIZE: Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and noncompacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

WATER SUPPLY: Check private or public.

PROPERTY ADDRESS: Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

DIRECTIONS: Provide detailed instructions to lot or attach an area map showing lot location.

BUILDING INFORMATION: Check residential or commercial.

TYPE ESTABLISHMENT: List type of establishment from Table II, Chapter 10D-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

BUILDING AREA: Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

PERSONS: Number of persons residing, using, or working in establishment. For residential establishment, 2 persons per bedroom are assumed.

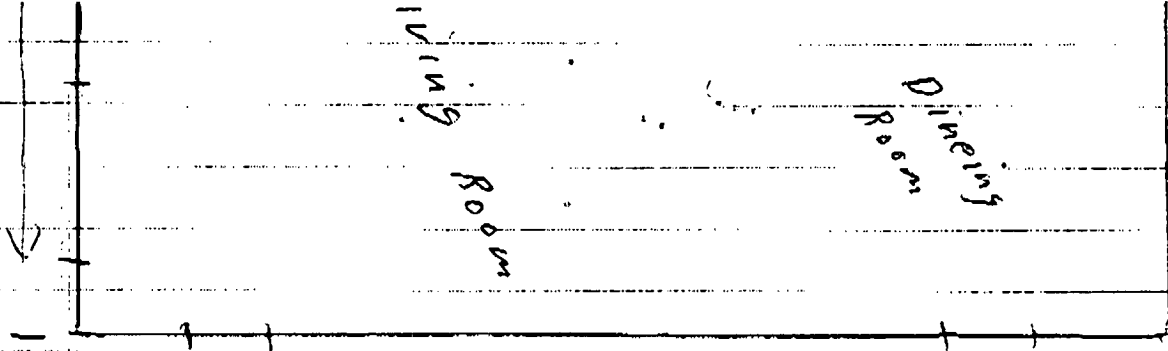
BUSINESS ACTIVITY: For commercial applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 10D-6, FAC.

FIXTURES: Mark each listed fixture with number installed or "NA" if not applicable.

SIGNATURE: Signature of applicant or agent. Date application one day submitted to the CPHU with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot.

For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.



INSTRUCTIONS:

PERMIT #: Permit tracking number assigned by CPMU.

APPLICANT: Property owner's full name.

AGENT: Property owner's legally authorized representative.

LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot.

PROPERTY ID#: 27 character number for property. (property appraiser ID # or section/township/range/parcel number)

PROPERTY SIZE: Check if property size at site conforms to submitted site plan. Record net usable area available - lot area exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water.

SEWAGE FLOW: Record the estimated sewage flow for the establishment from Table 1 (residences) or Table 2 (non-residential), Chapter 10D-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gpd per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.

UNOBSTRUCTED AREA: Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 10D-6, FAC. The unobstructed area must be contiguous to the drainfield.

BENCHMARK INFORMATION: Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.

MINIMUM SETBACKS: Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for non applicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.

FLOOD INFORMATION: Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.

SOIL PROFILE INFORMATION: Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.

WATER TABLE: Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.

SOIL TEXTURE: Record soil texture or loading rate for system sizing.

DEPTH OF EXCAVATION: If applicable record depth of excavation required. Record "NA" if not applicable.

DRAINFIELD CONFIGURATION: Check drainfield configuration required. If other, specify type.

ADDITIONAL CRITERIA: Record any additional remarks pertinent to site or installation. Ex. dosing required.

SITE EVALUATED BY: Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documentation submitted.

ELEVATION WORKSHEET		ELEVATION OF BENCHMARK / REFERENCE POINT IS: _____					
BENCHMARK	_____	SITE 1	_____	SITE 2	_____	SITE 3	_____
[+] SHOT:	_____	H.I.	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-] SHOT	_____	[-] SHOT	_____
	_____		_____		_____		_____

INSTRUCTIONS:

PERMIT NUMBER: Permit tracking number by County Health Department.

APPLICATION FOR: Check type of permit; if "Other" specify type in blank.

APPLICANT: Property owner's full name.

TELEPHONE: Telephone number for applicant or agent.

AGENT: Property owner's legally authorized representative.

MAILING ADDRESS: P.O. box or street mailing address for applicant or agent.

**LOT, BLOCK, SUBDIVISION or
PROPERTY ID#:** 27 character ID number for property. (Health Department may require property appraiser ID# or section/township/range/parcel number.)

**SYSTEM DESIGN AND
SPECIFICATIONS:**

TANK: Minimum specifications from Chapter 10D-6, FAC.

DRAINFIELD: Minimum specifications from Chapter 10D-6, FAC.

OTHER: Other specifications, such as operating permit requirements, low-volume flush toilets, variance provisos.

SPECIFICATIONS BY: Name of individual providing specifications. If designed by a registered engineer must be sealed.

APPROVED BY: County Health Department personnel reviewing and approving permit.

DATE ISSUED: Date permit is issued by County Health Department.

EXPIRATION DATE: One year from date issued if the system has not been installed. Permits for system repairs become void 90 days from the date issued.

INSTRUCTIONS:

PERMIT NUMBER: Permit tracking number assigned by County Health Department

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 or
PROPERTY ID#:** 27 character number for property. (property appraiser ID # or section/township/range/parcel number)

COUNTY HEALTH DEPARTMENT CHECKS [X] ITEMS NOT IN COMPLIANCE WITH CONSTRUCTION PERMIT AND CHAPTER 100-6, FAC.

INFORMATION IS COMPLETED BY COUNTY HEALTH DEPARTMENT ON FOLLOWING ITEMS:

TANK SIZE (gallons)

TANK MATERIAL (concrete, fiberglass, etc)

LEGEND (manufacturer code)

DRAINFIELD AREA (square feet)

SYSTEM ELEVATION (actual or in relation to reference point)

DOSING PUMPS (number installed)

SETBACKS OTHER (as required)

STABILIZATION MATERIAL (date mound stabilized)

CONTRACTOR (contractor installing system)

ADDITIONAL INFORMATION OTHER (as required)

ABANDONMENT TANK PUMPED (date)

TANK CRUSHED AND FILLED (date)

AS BUILT INSTALLATION SKETCH

EXPLANATION OF VIOLATIONS Canceled item codes, number, explanation of violation, and required corrective action.
VIOLATIONS:

CONSTRUCTION APPROVAL: Circle approved or disapproved. County Health Department signature and date of inspection.

FINAL APPROVAL: Circle approved or disapproved. Final approval shall not be granted until the County Health Department has confirmed that building construction and lot grading are in substantial compliance with plans and specifications submitted with the permit application. County Health Department signature and date of approval.

ELEVATION WORKSHEET

ELEVATION OF BENCHMARK OR REFERENCE POINT: _____

[+] SHOT

N.I.

ELEVATION

EXISTING GROUND

N.I.

[-] SHOT

TOP OF AGGREGATE

N.I.

[-] SHOT

N.I.

[-] SHOT



ALACHUA COUNTY HEALTH DEPARTMENT
ADMINISTRATION (352) 955-2356 / SC 625-2356 • MEDICAL CLINICS (352) 955-2364 / SC 625-2364
ENVIRONMENTAL HEALTH (352) 955-2350 / SC 625-2350

Date: August 18, 1997

Alachua County Housing Authority
Myers Septic
224 NE 16 Avenue
Gainesville Fl, 32601

RE: Onsite Sewage Disposal System (OSDS) Repair Permit # 8-859-97R

Dear Alachua County Housing Authority:

Attached is a copy of an OSDS repair permit for your malfunctioning septic tank drainfield system. This OSDS repair permit is void ninety (90) days from the date of issuance. If this failing septic system is a sanitary nuisance or an immediate public health hazard, this repair must be corrected immediately.

If you have any additional questions regarding your repair permit, please contact this agency at your earliest convenience.

Sincerely,

Mark S. Lander
Environmental Specialist I
Alachua County Health Department

Attachments

cc: file

PDM:jbj
1/08/97