



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

PERMIT NO. 01-039-11
DATE PAID: 01/21/15
FEE PAID: 185.00
RECEIPT #: 2700973
AP1172881

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: 11 BLOCK: H-28 SUBDIVISION: Thistle Hills West 17-11-18 PLATTED: 1972PROPERTY ID #: 05081-011-000 ZONING: R-2 I/M OR EQUIVALENT: ☐ Y / ☐ (N)PROPERTY SIZE: 0.21 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☒ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☐ (N) DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: 17047 SW 141st PL Archer FL 32618

DIRECTIONS TO PROPERTY: Archer RD west to 27/41 turn left to Church ST turn right to SW 170th ST
turn left to SW 141st PL turn right to # 17047 on left.

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	<u>single family</u>	<u>3</u>	<u>1052</u>	<u>n/a see spec</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Ronnie MooreDATE: 01/13/15



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

PERMIT # 01-039-15

APPLICANT: Alachua County Housing Authority (17047 SW 141 PL Archer Pl)

CONTRACTOR / AGENT: Ronn Moore

LOT: 11 BLOCK: H-28 SUBDIV: Thistle Hills West ¹⁷⁻¹¹⁻¹⁸ ID#: OS081-011-000

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 None

[]	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 myer's, 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 [3] DIMENSIONS: 2 X 40'
 [] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
 TYPE OF SYSTEM: [☒] STANDARD [] FILLED [] MOUND [] Rock D.F
 CONFIGURATION: [☒] TRENCH [] BED [] _____
 DESIGN: [] HEADER [☒] D-BOX [☒] GRAVITY SYSTEM [] DOSED SYSTEM
 ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE 34 INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[1972] SYSTEM INSTALLATION DATE 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: Ronn Moore TITLE/LICENSE M.S.F.C. DATE: 01/13/15

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 #. 01-039-15

APPLICANT: Alachua County Housing Authority AGENT: Ram Mon

LOT: 11 BLOCK: H-28 SUBDIVISION: Thistle Hill West 17-11-18

PROPERTY ID #: 05081-011-000 [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/ACRES]
UNOBSTRUCTED AREA AVAILABLE: 1500 SQFT UNOBSTRUCTED AREA REQUIRED: 420 380 SQFT

BENCHMARK/REFERENCE POINT LOCATION: nail in Power Pole 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: 15 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: 3 FT PROPERTY LINES: 3 FT POTABLE WATER LINES: 40 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 30" below R/L

MUNSELL #/COLOR	TEXTURE	DEPTH
<u>10YR 4/2</u>	<u>FS</u>	<u>0" TO 12"</u>
<u>10YR 5/3</u>	<u>FS</u>	<u>12" TO 30"</u>
<u>10YR 7/3</u>	<u>FS</u>	<u>30" TO 50"</u>
<u>10YR 6/6</u>	<u>SCL</u>	<u>50" TO 72"</u>
		<u>TO</u>
<u>10YR 7/3 10YR 5/6 cmd/RP</u>		<u>30" TO 42"</u>
		<u>TO</u>
		<u>TO</u>
		<u>TO</u>
USDA SOIL SERIES: <u>maper m. l. hogan</u>		

SOIL PROFILE INFORMATION SITE 2 31" below R/L

MUNSELL #/COLOR	TEXTURE	DEPTH
<u>10YR 4/2</u>	<u>FS</u>	<u>0" TO 10"</u>
<u>10YR 5/3</u>	<u>FS</u>	<u>10" TO 30"</u>
<u>10YR 7/3</u>	<u>FS</u>	<u>30" TO 52"</u>
<u>10YR 6/6</u>	<u>SCL</u>	<u>52" TO 72"</u>
		<u>TO</u>
<u>10YR 7/3 10YR 5/6 cmd/RP</u>		<u>30" TO 42"</u>
		<u>TO</u>
		<u>TO</u>
		<u>TO</u>
USDA SOIL SERIES: <u>maper m. l. hogan</u>		

OBSERVED WATER TABLE: 36 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PITCHED] / APPARENT
ESTIMATED WET SEASON WATER TABLE ELEVATION: 30 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTILING: ☒ YES ☐ NO DEPTH: 30 INCHES

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

SITE EVALUATED BY: Ram Mon DATE: 01/13/15



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

1-39-15
PERMIT #: 01-SA-1582011
APPLICATION #: AP1172881
DATE PAID: 1/21/15
FEE PAID: \$185-
RECEIPT #: 2700973
DOCUMENT #: PR961915

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: (Alachua County Housing Authority)
PROPERTY ADDRESS: 17047 SW 141st Pl Archer, FL 32618
LOT: 11 BLOCK: H-28 SUBDIVISION: Thistle Hills West
PROPERTY ID #: 05081-011-000 [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 [240] 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 power pole near site
I ELEVATION OF PROPOSED SYSTEM SITE [30.00] [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

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. ACHD encourages 375 ft2 with at least a 12" ESHWT separation. Private site evaluation shall be confirmed at installation inspection. Existing tank not approved yet. Contractor is responsible for installing correct category tank.

Check for gravity. Proposed elevation is shallower than existing.

SPECIFICATIONS BY: Ronnie Moore TITLE: Master Contractor SM 0051476
APPROVED BY: Todd S Harris TITLE: Assistant EH Director Alachua CHD
DATE ISSUED: 01/26/2015 EXPIRATION DATE: 04/26/2015

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



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

01-039-15
APPLICATION #: AP1172881
PERMIT #: 01-SA-1582011
DOCUMENT #: FI988851
DATE PAID: 01/21/2015
FEE PAID: 185.00
RECEIPT #: 1-PID-2596805

APPLICANT: Alachua County Housing Authority

AGENT: Ronnie Moore

PROPERTY ADDRESS: 17047 SW 141st Pl Archer, FL 32618

LOT: 11

BLOCK: H-28

SUBDIVISION: Thistle Hills West

ID#: 05081-011-000

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 Filter
[] [04] MULTI-CHAMBERED [] Y / N]
[] [05] OUTLET FILTER Polylok PL-68
[] [06] LEGEND 1. 34-107-09DC3 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. 3.00 2. —
[] [13] DRAINLINE SEPARATION
[] [14] DRAINLINE SLOPE
[] [15] DEPTH OF COVER
[] [16] ELEVATION [ABOVE / BELOW] BM 48.00
[] [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

SETRBACKS

[] [27] SURFACE WATER — FT
[] [28] DITCHES 15 FT
[] [29] PRIVATE WELLS — FT
[] [30] PUBLIC WELLS — FT
[] [31] IRRIGATION WELLS — FT
[] [32] POTABLE WATER 40 FT
[] [33] BUILDING FOUNDATIONS 6 FT
[] [34] PROPERTY LINES 15 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 Tommy Jones
[] [48] OTHER 25# ADS ARC 24 w/cloth

ABANDONMENT

[] [49] TANK PUMPED 02/26/2015
[] [50] TANK CRUSHED & FILLED 02/26/2015

Comments: Comments are on page 2.

CONSTRUCTION [] APPROVED / DISAPPROVED]: Dred Bennett Alachua CHD DATE: 02/26/2015
Environmental Specialist II Fred L Bennett (Department of Health in Alachua)
FINAL SYSTEM [] APPROVED / DISAPPROVED]: Dred Bennett Alachua CHD DATE: 02/26/2015
Environmental Specialist II Fred L Bennett (Department of Health in Alachu)

(Explanation of Violations on following page)

scheduled for 2/26/15 @ 12:00PM



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

PERMIT NO. 01-039-15
DATE PAID: 11/21/15
FEE PAID: 185.00
RECEIPT #: 2700973

APPLICANT: Alachua County Housing Authority

AGENT: _____

PROPERTY ADDRESS: 17047 SW 141st PL. Archer, FL 32618

LOT: 11 BLOCK: H-28 SUBDIVISION: Thistle Hills West PROPERTY ID #: 05081-011-000
17-11-18

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

TANK INSTALLATION

[] [01] TANK SIZE [1] 900 [2] _____
[] [02] TANK MATERIAL Concrete
[] [03] OUTLET DEVICE Filter
[] [04] MULTI-CHAMBERED [0 / N] _____
[] [05] OUTLET FILTER PL 66
[] [06] LEGEND 3410709023
[] [07] WATERTIGHT _____
[] [08] LEVEL 70K
[] [09] DEPTH TO LID 9+8+8

SETBACKS

[] [27] SURFACE WATER _____ FT
[] [28] DITCHES 15 FT
[] [29] PRIVATE WELLS _____ FT
[] [30] PUBLIC WELLS _____ FT
[] [31] IRRIGATION WELLS _____ FT
[] [32] POTABLE WATER LINES 40 FT
[] [33] BUILDING FOUNDATION 6 FT
[] [34] PROPERTY LINES 15 FT
[] [35] OTHER _____ FT

DRAINFIELD INSTALLATION

[] [10] AREA [1] 375 [2] _____ SQFT
[] [11] DISTRIBUTION BOX _____ HEADER X
[] [12] NUMBER OF DRAINLINES _____
[] [13] DRAINLINE SEPARATION _____
[] [14] DRAINLINE SLOPE _____
[] [15] DEPTH OF COVER _____
[] [16] ELEVATION [ABOVE/BELOW] BM 48
[] [17] SYSTEM LOCATION _____
[] [18] DOSING PUMPS _____
[] [19] AGGREGATE SIZE _____
[] [20] AGGREGATE EXCESSIVE FINES _____
[] [21] AGGREGATE DEPTH _____

FILLED / MOUND SYSTEM

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

FILL / EXCAVATION MATERIAL

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

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 Jones
[] [48] OTHER Arc 24 w/ cloth

ABANDONMENT

[] [49] TANK PUMPED 2/26/15
[] [50] TANK CRUSHED & FILLED 2/26/15

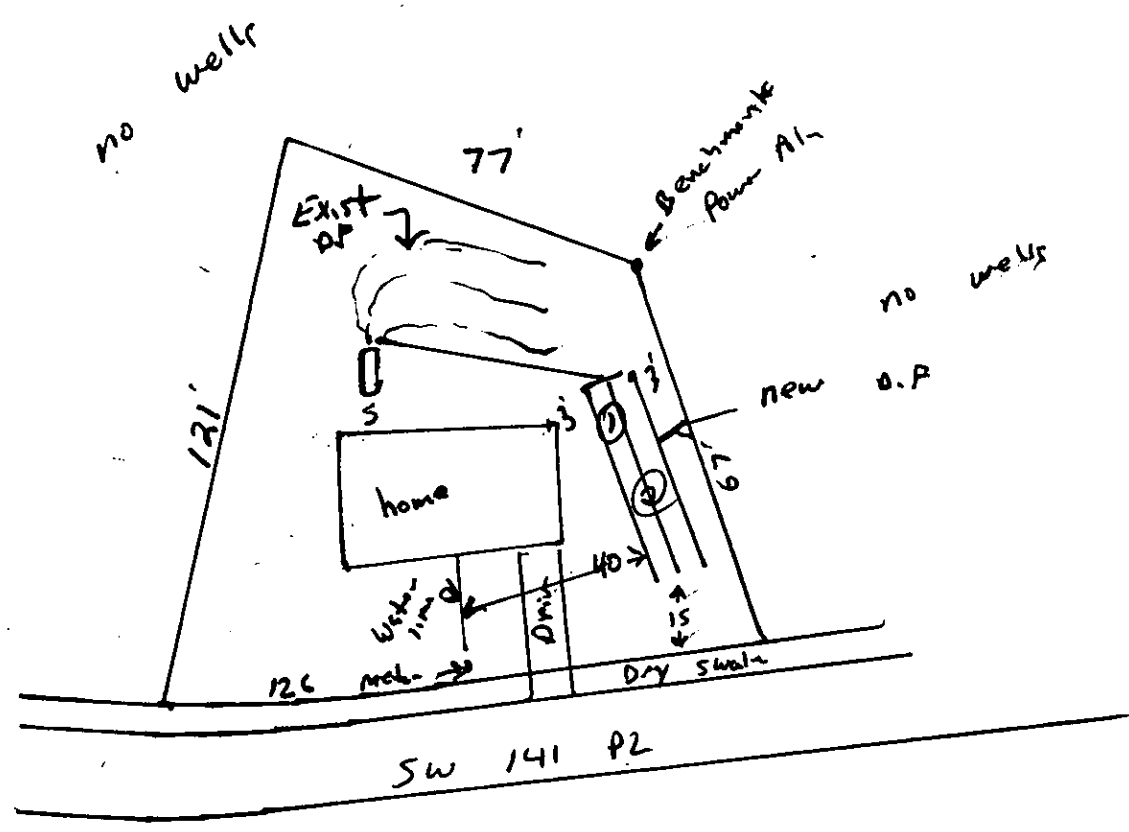
EXPLANATION OF VIOLATIONS / REMARKS:

[] pumps & crushed Tony Jones 2-26-15
[] Soil OK
[] _____
[] _____

CONSTRUCTION [APPROVED/DISAPPROVED]: Jud Bennett Alachua CHD DATE: 2-26-15

FINAL SYSTEM [APPROVED/DISAPPROVED]: Jud Bennett Alachua CHD DATE: 2-26-15

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 & 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 170th ST] & [SW 141st PL]

This intersection is within ¼ mile [X] 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:


Signature

01/13/15
Date

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.alachuacountyhealth.com>

www.FloridasHealth.com

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

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</u> with <u>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".
<input type="checkbox"/> Complete floor plans of home and/or Addition with all floors and outside dimensions.
<input type="checkbox"/> Completed application with all sections complete
<input type="checkbox"/> Signature on application and "Acknowledgement".
<input type="checkbox"/> Nearest intersection and directions to Property.
<input type="checkbox"/> Legal description with dimensions if not in a Worksheet".
Subdivision
<input type="checkbox"/> Property/Tax ID Number. | <input type="checkbox"/> Tank certification (repair/existing).
<input type="checkbox"/> Original permit (repair/existing).
<input type="checkbox"/> Owner agreement for private evaluator.
<input type="checkbox"/> Owner agreement for representation.
<input type="checkbox"/> Annual Operating Permit/Business Survey if not a single family residence.
<input type="checkbox"/> Site clearly marked or flagged.
(Sites not flagged will be charged \$50).
<input type="checkbox"/> Completed "Existing System"

<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.alachuacountyhealth.com>

www.FloridasHealth.com

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fdoh

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: 05081-011-000

Search Date: 12/23/2014 at 8:35:02 PM - Data updated: 12/23/14

Taxpayer:	ALACHUA COUNTY HOUSING AUTHORITY	Legal:	THISTLE HILLS WEST PB H-28 LOT 11 OR 804/350
Mailing:	701 NE 1ST ST GAINESVILLE, FL 32601		
Location:	17047 SW 141ST PL ARCHER		
Sec-Twn-Rng:	17-11-18		
Use:	City Inc Nonmuni		
Tax Jurisdiction:	Archer		
Area:	City of Archer		
Subdivision:	Thistle Hills West		

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	City Inc Nonmuni	8000	8000	41200	200	49400	0	49400	49400	0	0
2013	City Inc Nonmuni	8000	8000	42000	200	50200	0	50200	50200	0	0
2012	City Inc Nonmuni	8000	8000	42700	200	50900	0	50900	50900	0	0
2011	City Inc Nonmuni	8000	8000	45100	200	53300	0	53300	53300	0	0
2010	City Inc Nonmuni	11000	11000	47500	200	58700	0	58700	58700	0	0
2009	City Inc Nonmuni	11000	11000	51400	200	62600	0	62600	62600	0	0
2008	Single Family	11000	11000	57000	200	68200	0	68200	68200	0	0
2007	Single Family	11000	11000	55700	200	66900	0	66900	66900	0	0
2006	Single Family	11000	11000	52400	200	63600	0	63600	63600	0	0
2005	Single Family	1400	1400	48400	200	50000	0	50000	50000	0	0
2004	Single Family	1400	1400	40800	100	42300	0	42300	42300	0	0
2003	Single Family	1400	1400	38700	100	40200	0	40200	40200	0	0
2002	Single Family	1400	1400	35900	100	37400	0	37400	37400	0	0
2001	Single Family	1400	1400	32000	100	33500	0	33500	33500	0	0
2000	Single Family	1400	1400	28700	100	30200	0	30200	30200	0	0
1999	Single Family	1400	1400	27900	100	29400	0	29400	29400	0	0
1998	Single Family	1400	1400	25900	100	27400	0	27400	27400	0	0
1997	Single Family	1400	1400	25000	100	26500	0	26500	26500	0	11.84
1996	Single Family	1400	1400	21000	100	22500	0	22500	22500	0	0
1995	Single Family	1400	1400	21000	100	22500	0	22500	22500	0	0

Land

Use	Zoning	Acres
SFR	R-2	0
2014 Certified Land Value: 8000		

Building

Actual Year Built	0000	Area Type	Square Footage
Effective Year Built	1972	Base Area (BAS)	1052
Use:	Single Family	Finished Open Porch (FOP)	60
Bedrooms:	3	Heated Area: 1052 Total Area: 1112	
Baths:	1		
Stories:	1		
Exterior Wall:	Concrete Block		
AC:	Central Air		
Heating:	Convection		