

10-852-92R

~~8-665-92~~ No action

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

PERMIT NO. 108-473-20
DATE PAID: 8/19/20
FEE PAID: 185.00
RECEIPT #: 1491761
AP1552747

APPLICATION FOR:

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

APPLICANT: Alachua County Housing AuthorityAGENT: Stephenson Septic Tank Services TELEPHONE: 352 542-865MAILING ADDRESS: 592 NE 83rd Ave, Old Town FL 32680

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(a) 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: 10 BLOCK: M SUBDIVISION: Thistle Hills West PLATTED: 6/24/1970

PROPERTY ID #: 17-11-18-05081-010-000 ZONING: R-2 I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: .2 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ $\leq 2000\text{GPD}$ ☒ $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 17029 SW 141st Pl. Archer 32601DIRECTIONS TO PROPERTY: "see attached"

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>SFR</u>	<u>4</u>	<u>1218</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]DATE: 8-18-20

DH 4015, 08/03 (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 # _____

APPLICANT: Alachua County Housing Authority

CONTRACTOR/AGENT : Stephensons Septic

LOT: 10 BLOCK: _____ SUBDIV: Thistle Hills West

ID#: 05081-010-000

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 To be abandoned

[] Gallons Septic Tank/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Yes / No]
[] Gallons Septic Tank/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Yes / No]
[] 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 OF See Attached See Attached AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR _____

BUSINESS NAME _____

DATE _____

STING DRAINFIELD INFORMATION

[200] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: 10 x 20
[400] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: 20 x 20
TYPE OF SYSTEM: [7] STANDARD [] FILLED [] MOUND []
CONFIGURATION: [] TRENCH [2] BED []
DESIGN: [] HEADER [2] D-BOX [2] GRAVITY SYSTEM [] Dosed SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE 36 INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[1-1-1972] SYSTEM INSTALLATION DATE
[400] GPD ESTIMATED SEWAGE FLOW BASED ON TYPE OF WASTE [X] DOMESTIC [] COMMERCIAL
[] METERED WATER [X] TABLE 1, 64E-6, FAC
SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
CONDITIONS: [] SLOPING PROPERTY []
NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [X] MAINTENANCE [] SYSTEM DAMAGE
FAILURE: [] DRAINAGE / RUNOFF [] ROOTS [] WATER TABLE [X] age
FAILURE [X] SEWAGE ON GROUND [X] TANK [] D BOX / HEADER [X] DRAINFIELD
SYMPTOM: [X] PLUMBING BACKUP []

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: Kenneth Allen TITLE/LICENSE 19-2064

DATE: 5-18-20

DH 4015, 08/09 (obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

Revised 8/25



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: AGHA 17029 SW 141st Place, Arder, FL 32618

CONTRACTOR / AGENT: Beltz Liquid Waste Management & Portable Toilets, Inc.

LOT: 10 BLOCK: _____ SUBDIV: Thistle Hills West ID#: 05081-D10-000

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 Both 102" x 36" x 48"

NE SW	[750]	GALLONS SEPTIC TANK / GPD ATU	LEGEND: <u>Unknown</u>	MATERIAL: <u>pre cast</u>	BAFFLED: [Y] <u>N</u>
	[750]	GALLONS SEPTIC TANK / GPD ATU	LEGEND: <u>Unknown</u>	MATERIAL: <u>pre cast</u>	BAFFLED: [Y] <u>N</u>
	[]	GALLONS GREASE INTERCEPTOR	LEGEND: _____	MATERIAL: _____	
	[]	GALLONS DOSING TANK	LEGEND: _____	MATERIAL: _____	# PUMPS: []

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 7/16/19 BY Beltz Liquid Waste Mgmt & PT, 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 [Signature] BUSINESS NAME Beltz Liquid Waste Management & Portable Toilets DATE 8/24/2020

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 NE tank is cracked and not certifiable

SW tank is questionable and should be replaced

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

DATE: _____

ENV HEALTH
DOH ALACHUA
AUG 25 '20 8:29AM



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

PERMIT #: 08-473-20

APPLICANT: Alachua County Housing Auth AGENT: Stephensons Septic
LOT: 10 BLOCK: _____ SUBDIVISION: Thistle Hills West
PROPERTY ID #: 05081-010-000 [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: 0.27 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY (RESIDENCES-TABLE 1/OTHER-TABLE 2)
AUTHORIZED SEWAGE FLOW: 500 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1000 SQFT UNOBSTRUCTED AREA REQUIRED: 650 SQFT
BENCHMARK/REFERENCE POINT LOCATION: Corner of Door Step
ELEVATION OF PROPOSED SYSTEM SITE IS 5 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT 750 ft

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: _____ FT DITCHES/SWALES: _____ FT NORMALLY WET? ☐ YES ☒ NO
WELLS: PUBLIC: _____ FT LIMITED USE: _____ FT PRIVATE: _____ FT NON-POTABLE: _____ FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 10 FT POTABLE WATER LINES: 35 FT
IS THE SUBJECT TO FREQUENT FLOODING: ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO
YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/MGVD SITE ELEVATION: _____ FT MSL/MGVD

SOIL PROFILE INFORMATION SITE 1 7" B

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 5/1	FS	0 TO 8
10YR 7/2	FS	8 TO 36
10YR 8/1	FS	36 TO 54
10YR 8/3	SL	54 TO 60
10YR 7/4	SCL	60 TO 72
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Arredondo-Urbano</u>		

SOIL PROFILE INFORMATION SITE 2 5" B

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 5/1	FS	0 TO 6
10YR 7/2	FS	6 TO 24
10YR 8/1	FS	24 TO 36
10YR 8/3	SL	36 TO 42
10YR 7/4	SCL	42 TO 72
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Arredondo-Urbano</u>		

OBSERVED WATER TABLE: _____ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 2' 72 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTILING: ☐ YES ☒ NO DEPTH: _____ INCHES
SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Table VII DEPTH OF EXCAVATION: _____ INCHES
RAINFIELD CONFIGURATION: ☐ TRENCH ☐ BED ☐ OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

EVALUATED BY: Thomas Dean 19-2064

DATE: 8-18-20



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

8-473-20
PERMIT #: 01-SA-2139285
APPLICATION #: AP1552747
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR1394751

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: (Alachua County Housing Authority, Lot 10)
PROPERTY ADDRESS: 17029 SW 141st Pl Archer, FL 32618
LOT: 10 BLOCK: NA SUBDIVISION: Thistle Hills West
PROPERTY ID #: 05081-010-000 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

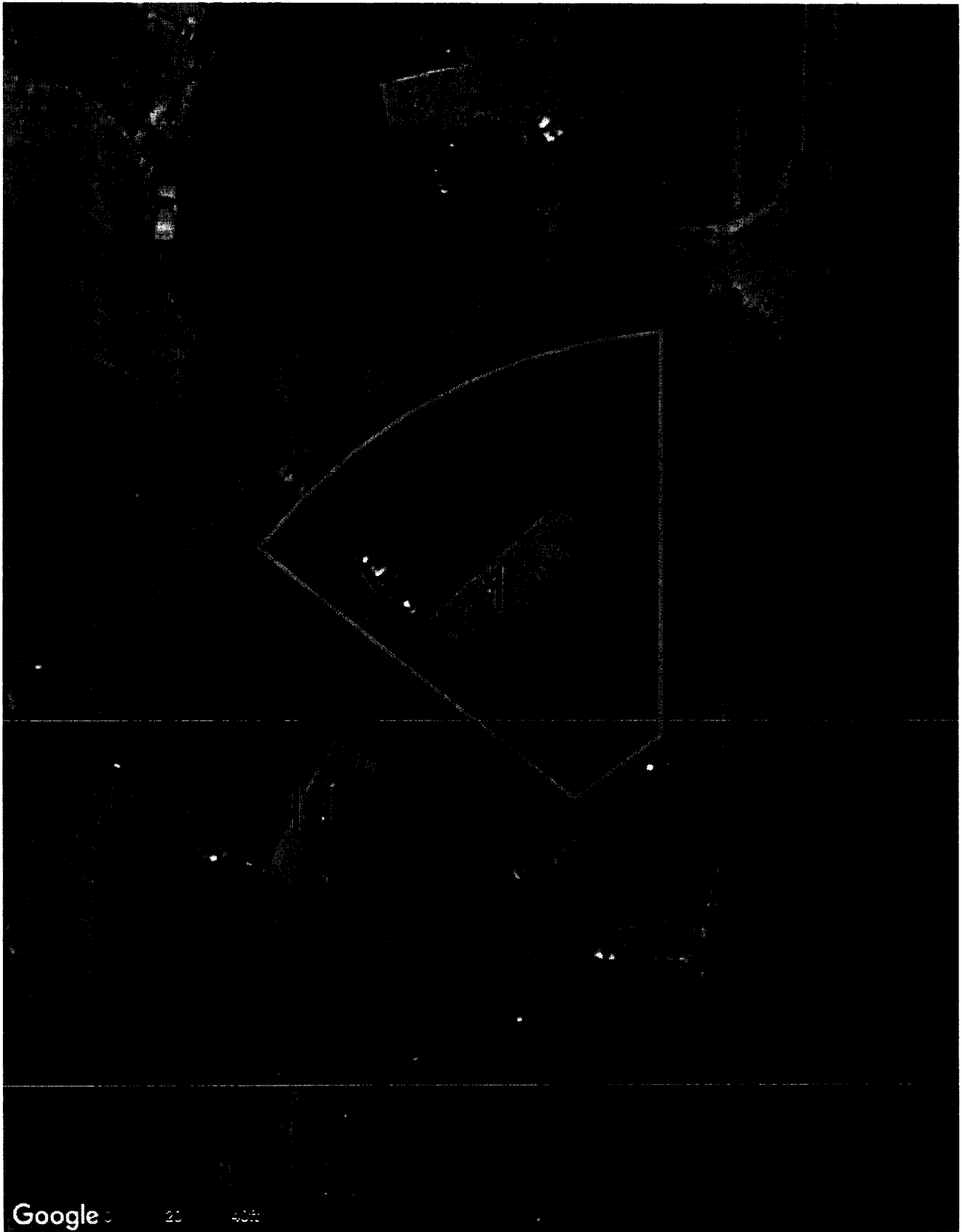
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE 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 [1,050] GALLONS / GPD New Septic CAPACITY
A [] 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 [500] SQUARE FEET Drainfield Replacement Tre SYSTEM
R [] SQUARE FEET SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: corner of door step
I ELEVATION OF PROPOSED SYSTEM SITE [5.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [41.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd. Required drainfield area based on rule 64E-6.015(6)(c)2. ACHD encourages 616 ft2 for new sizing standards.
T Both existing tanks to be properly abandoned and inspected; and both building sewer lines combined to common new tank
H and drainfield per agent. Private site evaluation shall be confirmed at time of installation inspection.
E
R

SPECIFICATIONS BY: Kameron Keen TITLE: CEHP
APPROVED BY: Todd S Harris TITLE: Assistant EH Director Alachua CHD
DATE ISSUED: 08/25/2020 EXPIRATION DATE: 11/23/2020
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC



Thistle Hills West

Unit #10

17029 SW 141st Place

4 Bedroom

05081-010-000

This house has two septic systems. The NE septic tank has a drain field that is in hard failure. Picture 1 is from when we first opened the tank up and the waste was pushing up out of the tank. This septic tank itself, which is 750 gallons, is cracked on both sides (see picture 2) so it is not certifiable. This is likely because there is a large sweet gum tree nearby who's roots have traveled to this system and damaged it. Based on the thickness of the solids layer this tank was very overdue for a pump out or has heavy use.

The SW tank was also very overdue for pumping as can be seen in picture 1. It contained a lot of grease and literally two five-gallon buckets worth of baby wipes that we removed. This 750-gallon septic tank is questionable because there are signs of deterioration. The drain field is also questionable at best. The level in the tank, as seen in picture 2, is at the bottom of the inlet (about 3" higher than it should be).

These systems last had septic work done under permit 10-852-92 when 200 square feet was installed on the NE tank and 400 square feet on the SW tank. There was another permit pulled in 1992, permit # 08-665-92, but no action was taken on that permit.

I would recommend abandoning the current systems and plumbing everything into one new system at this house. I would also strongly recommend getting rid of the sweet gum tree as that tree will destroy any new septic work in short order. The anticipated cost for the above-mentioned septic work is \$5400 - \$6600.

Property Search Results

The data displayed is the most current data available to the Property Appraiser.

Search Date: 8/25/2020 at 2:55:27 PM

Printer Friendly Page

Parcel: 05081-010-000 GIS Map

Taxpayer:	ALACHUA COUNTY HOUSING AUTHOR	Legal: THISTLE HILLS WEST PB H-28 LOT 10 OR 804/350
Mailing:	701 NE 1ST ST GAINESVILLE, FL 32601	
9-1-1 Address:	17029 SW 141ST PL ARCHER	
Sec-Twn-Rng:	17-11-18	
Property Use:	08600 - CTY INC NONMUNI	
Tax Jurisdiction:	ARCHER 2700	
Neighborhood/Area:	CITY OF ARCHER	
Subdivision:	THISTLE HILLS WEST	

2020 TRIM Notice

History

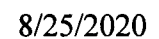
	Property	Land	Classified	Improvement	Total	Deferred	County	School	County	School	County	School
Year	Use	Value	Land Value	Value	Just Value	Value	Assessed	Assessed	Exempt	Exempt	Taxable	Taxable
2019	CTY INC NONMUNI	8000	0	59420	67420	3070	64350	67420	64350	67420	0	0
2018	CTY INC NONMUNI	8000	0	50500	58500	0	58500	58500	58500	58500	0	0
2017	Cty Inc Nonmuni	8000	0	51500	59500	0	59500	59500	59500	59500	0	0
2016	Cty Inc Nonmuni	8000	0	48000	56000	0	56000	56000	56000	56000	0	0
2015	Cty Inc Nonmuni	8000	0	49000	57000	0	57000	57000	57000	57000	0	0
2014	Cty Inc Nonmuni	8000	0	49100	57100	0	57100	57100	57100	57100	0	0

Land

Land Use	Land Use Desc	Zoning Type	Zoning Desc	Lots	Acres	Sq Feet	Land Type
0100	SFR	R-2	LAND ZONE: R-2	1	0	1	UN

Improvement: 05081-010-000 / 25480 - 567562

Improvement Use Code	Improvement Desc	Actual Year Built	Effective Year Built	Htd Square Feet	Stories
0100	SINGLE FAMILY	1900	1972	1218	1



Harris, Todd S

From: Harris, Todd S
Sent: Monday, August 24, 2020 6:36 PM
To: 'Kameron Keen'
Cc: Cribbs, Tina L
Subject: RE: ACHA-Thistle Hills West 08-473-20

Good evening,

Please provide the following revisions to complete the application for permitting:

- ✓ Revise the site plan to identify if one tank or both tanks are being abandoned
- Put a dimensioned setback distance from the building to the tank(s) and property line from proposed drainfield
- ✓ Revise existing system evaluation for existing drainfield configuration as beds were documented (even though documented dimensions are in error)

Thank you,

Todd Harris
Environmental Manager
Florida Department of Health in Alachua County
224 SE 24th St.
Gainesville, FL 32641
Office 352-334-7930
Fax 352-334-7935

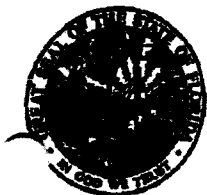
Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

From: Kameron Keen <KKeen@crosscityforest.com>
Sent: Tuesday, August 18, 2020 7:14 PM
To: Cribbs, Tina L <Tina.Cribbs@flhealth.gov>
Cc: Harris, Todd S <Todd.Harris@flhealth.gov>
Subject: ACHA-Thistle Hills East and West

Please see the 2 attached permits. You may charge my card. I will have the tank certs sent tomorrow.

Thanks

Kameron Keen
Forester
Cross City Forest Management, LLC
(352)-356-1333 (Cell)



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

PERMIT # 08-47320

2

APPLICANT: Alachua County Housing Authority

CONTRACTOR/AGENT : Stephensons Septic

LOT: 10 BLOCK: SUBDIV: Thistle Hills West

ID#: 05081-010-000

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

<input type="checkbox"/>	Gallons Septic Tank/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Yes / No]
<input type="checkbox"/>	Gallons Septic Tank/GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Yes / No]
<input type="checkbox"/>	GALLONS GREASE INTERCEPTOR	LEGEND: _____	MATERIAL: _____	
<input type="checkbox"/>	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] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

EXISTING DRAINFIELD INFORMATION

[200] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [2] DIMENSIONS: _____ X _____
[400] SQUARE FEET SYSTEM NO. OF TRENCHES [4] 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 26 INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[1-1-1972] SYSTEM INSTALLATION DATE TYPE OF WASTE [☒] DOMESTIC [☐] COMMERCIAL
[400] 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 FAILURE: [☐] HYDRAULIC OVERLOAD [☐] SOILS [☒] MAINTENANCE [☐] SYSTEM DAMAGE
[☐] DRAINAGE / RUNOFF [☐] ROOTS [☐] WATER TABLE [☒] age
FAILURE SYMPTOM: [☒] SEWAGE ON GROUND [☒] TANK [☐] D BOX / HEADER [☒] DRAINFIELD
[☒] PLUMBING BACKUP [☐]

REMARKS/ADDITIONAL CRITERIA

SUBMITTED BY: Kamara Keen TITLE/LICENSE 19-2064

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

DATE: 8-18-20

Incorporated 64E-6.001, FAC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR WASTE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT

Authority: Chapter 381, F.S. & Chapter 100-6, F.A.C.

Building Permit #:

Application/Permit Number 10-852-920

Date Application Received 10/26/92

Fee Amount Paid

Receipts

Date Paid

Application is For:

New System: ☐ Repair: ☒ Existing System: ☐ Experimental System (Temporary): ☐
Tank Abandonment: ☐ Holding Tank: ☐ Other (Specify): ☐

NOTE: PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR SPECIFIC PERIOD OF TIME.

TO BE COMPLETED BY APPLICANT:

GENERAL INFORMATION

Owner: Alachua County Housing Authority Telephone: (Work) 372-2549 (Home)

Owner's Mailing Address: 636 NE 1st Street City: Gainesville State: FL Zip: 32601

Owner's Agent: SAME Telephone: (W) (H)

Agent's Mailing Address: City: State: Zip:

Property Street Address: 191 Thistle Hill West (Archer)

Exact Directions to Property: Highway 24 to Archer, left at red light to Church Street.

Take right at Church Street to 4 way stop. Left at stop. Project on right, 1/2 mile.

Lot # 10 Block # Subdivision: Thistle Hills West Unit: Date Subdivided: 1971

Section: 17 Township: 11 Range: 18 Parcel Number: 5081-Lot Zoning Designation:

Property size: ~2 Square Feet/Acre(s) Water Supply: Private: ☐ Public: ☒ Limited Use: ☐

Is Sanitary Sewer Available: Yes ☐ No ☐ If No, approximate the distance to the sewer line closest to your property:

Is Public Water Available: Yes ☐ No ☐ If No, approximate the distance to the water line closest to your property:

BUILDING INFORMATION

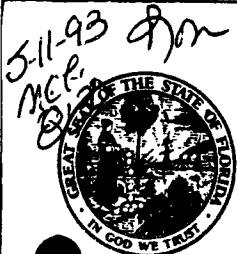
Type of Establishment Commercial/Residential (circle one)	# Of Units	Building Area (Square Feet) & Number of Bedrooms	# Of Persons	# Of Seats	Hours of Operation
--	------------	---	--------------	------------	--------------------

<u>SFD</u>	<u></u>	<u>1000 (4)</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
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Plumbing Fixtures: Garbage Grinders/Disposals: Sinks/Hot Tubs: Floor/Equipment Drains:
Ultra-low volume Flush Toilets: Other:

BUILDING PLANS MUST BE ATTACHED SHOWING OFFICES, BEDROOMS, TOTAL BUILDING AREA, AND ANY PERTINENT FEATURES REQUIRED BY CHAPTER 100-6, F.A.C. IN ADDITION, A DETAILED SITE PLAN AND/OR SURVEY, DRAWN TO SCALE, MUST BE ATTACHED SHOWING PROPER BUILDING LOCATIONS, AND PERTINENT FEATURES REQUIRED TO BE SUBMITTED PER CHAPTER 100-6.046, F.A.C.

Applicant's Signature: C. J. Z. [Signature] Date: 10 / 26 / 92



5-11-93
MCP
5 at 1005-12-93

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

PERMIT # 10-852-92R
RECEIPT # NA
FEE PAID \$ NA
DATE PAID 10/26/92

APPLICANT: Alachua Housing Authority AGENT: SAME

PROPERTY STREET ADDRESS: 191 THISTLE HILLS WEST, ARCHER

LOT: 10 BLOCK: NA SUBDIVISION: " " "

PROPERTY ID #: 17-11-B/5081 [SECTION/TOWNSHIP/RANGE/PARCEL NUMBER]
[OR TAX ID NUMBER]

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

- TANK INSTALLATION
- [] [01] TANK SIZE [1] EX [2]
 - [] [02] TANK MATERIAL NA
 - [] [03] OUTLET DEVICE
 - [] [04] MULTI-CHAMBERS
 - [] [05] LEGEND NA
 - [] [06] WATERTIGHT
 - [] [07] LEVEL
 - [] [08] DEPTH OF LID

- SETBACKS
- [] [27] SURFACE WATER
 - [] [28] DITCHES
 - [] [29] PRIVATE WELLS OK
 - [] [30] PUBLIC WELLS
 - [] [31] IRRIGATION WELLS
 - [] [32] POTABLE WATER LINES
 - [] [33] BUILDING FOUNDATION
 - [] [34] PROPERTY LINES
 - [] [35] OTHER

- DRAINFIELD INSTALLATION
- [] [09] AREA [1] BELOW [2] SQFT
 - [] [10] DISTRIBUTION BOX/HEADER
 - [] [11] NUMBER OF DRAINLINES NA
 - [] [12] DRAINLINE SEPARATION
 - [] [13] DRAINLINE SLOPE
 - [] [14] DEPTH OF COVER
 - [] [15] SYSTEM ELEVATION <30" BNG
 - [] [16] SYSTEM LOCATION
 - [] [17] DOSING PUMPS NA
 - [] [18] AGGREGATE SIZE
 - [] [19] AGGREGATE SOURCE
 - [] [20] AGGREGATE WASHED
 - [] [21] AGGREGATE DEPTH

- FILLED/MOUND SYSTEM
- [] [36] DRAINFIELD COVER NA
 - [] [37] SHOULDERS
 - [] [38] SLOPES
 - [] [39] STABILIZATION MATERIAL 1/1/

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

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

- ABANDONMENT
- [] [49] TANK PUMPED 1/1/
 - [] [50] TANK CRUSHED AND FILLED 1/1/

EXPLANATION OF VIOLATIONS:
15 X 14 = 200 FT² ?? TOTAL 600 FT²
15 X 17 = 255 FT² ??

INSTRUCTION [APPROVED/DISAPPROVED]: [Signature] ALACHUA CPHU DATE: 5/12/93
FINAL SYSTEM [APPROVED/DISAPPROVED]: [Signature] ALACHUA CPHU DATE: 5/12/93

SW(2)B/C

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

Authority: Chapter 381, F.S. & Chapter 10D-6, F.A.C.

Building Permit # _____
Application/Permit Number 8-665428
Date Application Received 8/5/92
Fee Amount Paid _____
Receipt # _____
Date Paid 8/5/92

Application is For:
New System: _____ Repair: _____ Existing System: _____ Experimental System (Temporary): _____
Tank Abandonment: _____ Holding Tank: _____ Other (Specify): _____

NOTE: PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR A SPECIFIC PERIOD OF TIME.

TO BE COMPLETED BY APPLICANT:

GENERAL INFORMATION

Owner: Alachua County Housing Telephone: (Work) 372-2549 (Home) _____
Owner's Mailing Address: 636 NE 1st City: Gainesville State: FL Zip: 32601
Owner's Agent: Alachua County Housing Auth. Telephone: (W) 372-2549 (H) _____
Agent's Mailing Address: _____ City: _____ State: _____ Zip: _____
Property Street Address: 191 Thistle Hills West
Exact Directions to Property: _____

Lot # 191 Block # _____ Subdivision: Thistle Hills West Unit: 191 Date Subdivided: 8/2/92
Section: 17 Township: 11 Range: 18 Parcel Number: 5081-10 Zoning Designation: 1971
Property size: 10,000 Square Feet/Acre(s) 123 Water Supply: Private: _____ Public: ☒ Limited Use: _____
Is Sanitary Sewer Available: Yes _____ No ☒ If No, approximate the distance to the sewer line closest to your property: 5 mi.
Is Public Water Available: Yes ☒ No _____ If No, approximate the distance to the water line closest to your property: _____

BUILDING INFORMATION

Type of Establishment Commercial/Residential (circle one)	# Of Units	Building Area (Square Feet) & Number of Bedrooms	# Of Persons	# Of Seats	Hours of Operation
<u>Residential</u>		<u>1200 - 4</u>			

No record of installation inspection

Plumbing Fixtures: _____ Garbage Grinders/Disposals: _____ Spas/Hot Tubs: _____ Floor/Equipment Drains: _____
Ultra-low volume Flush Toilets: _____ Other: _____

BUILDING PLANS MUST BE ATTACHED SHOWING OFFICES, BEDROOMS, TOTAL BUILDING AREA, AND ANY PERTINENT FEATURES REQUIRED BY CHAPTER 10D-6, F.A.C. IN ADDITION, A DETAILED SITE PLAN AND/OR SURVEY, DRAWN TO SCALE, MUST BE ATTACHED SHOWING PROPER DIMENSIONS, BUILDING LOCATIONS, AND PERTINENT FEATURES REQUIRED TO BE SUBMITTED PER CHAPTER 10D-6.046, F.A.C.

Applicant's Signature: John Hansen Date: 8/4/92

SITE EVALUATION & SYSTEM SPECIFICATIONS

Permit is For: New System Repair Existing System X Experimental System(Temporary) Other(specify) Application/Permit Number 8-665-9212

TO BE COMPLETED BY ENGINEER, HEALTH UNIT EMPLOYEES, OR OTHER QUALIFIED PERSONS. SYSTEM IS TO BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS SET FORTH IN CHAPTER 10D-6, F.A.C.

SITE AND SOIL EVALUATION

The Elevation of proposed system site is: 0 inches above/below (circle one) the benchmark/reference point location.
 Benchmark/Reference Point Location: use House Foundation Elevation: Assumed X Actual
 Setback to Surface Waters: 775 Ft.
 Setback to Ditches/Swales from System Site: 750 Ft. Ditches/Swales contiguous to property normally: Wet Dry X
 Is the site subject to frequent flooding? Yes No X Is site subject to 10 Year flooding? Yes No X
 If subject, what is 10 year flood elevation for site: Ft. MSL/NGVD Site Elevation: Ft. MSL/NGVD
 Setback to wells from system site: Public City Ft. Limited Use Ft. Private Ft. Non-potable Ft.

SOIL PROFILE INFORMATION SITE #1

SOIL PROFILE INFORMATION SITE #2

MUNSELL # & COLOR	TEXTURE	DEPTH
5/1 - gray	Fine Sand	0 to 24"
7/13 - V. pale Brown	" "	24" - 30"
8/2 - white	" "	30" - 52"
5/4 - yellow Brown	" "	52" - 60"
5/8 - " "	Sandy loam	60" - 72"

MUNSELL # & COLOR	TEXTURE	DEPTH
5/1 - gray	F. SAND	0 to 12"
7/13 - V. pale Brown	F. SAND	12" - 30"
8/2 - white	" "	30" - 54"
5/8 - yellow Brown	SANDY loam	54" - 72"

USDA Soil Series Name: Santa Cecilia #2B

USDA Soil Series Name: Amundson #3B

Observed Water Table at the time of the evaluation is: 60" above/below (circle one) existing grade
 Estimated Wet Season Water Table is: 700 above/below (circle one) existing grade
 Type water table: Perched Apparent X Is soil Mottled? Yes No X At What Depth: 54"
 Are the Vegetative species on site indicative of high wet season water table? Yes No X Type:

Site evaluated by: D. A. Flower Title: Env. Health Supv Date: 8/7/92

(4 Bedrooms) (10,000 sq. ft.) .23 SYSTEM SPECIFICATIONS Square Feet/Acres
 Property size (net usable area): .23
 Total Estimated Sewage Flow: Table I 450 GPD Authorized Sewage Flow: 573 GPD/day
 Design Sewage Flow from Table II 600 GPD Most Restrictive Soil Texture Used for System Sizing: SANDY loam
 Loading Rate: 0.75 Gallons/Square Foot/Day Standard: 1 Filled: Mound: Other:
 Disposal system configuration: Trench: X Bed: Other(describe):
 Absorption area required: 800 Square Feet Is Fill required? Yes No X
 Excavation Required: Yes No X Minimum Depth of Excavation: Ft. Area Excavated: Ft. X Ft.
 Unobstructed area required: 1,600 Square Feet Unobstructed area available: 7,1600 Square Feet
 Additional construction criteria:

2 exist: 750 gal
* Each OSDS Requires 400 sq. ft each
SS #95
(House NOT occupied at this time - NO Sanitary Nuisance)

Design by: Title:
 If designed by a P.E., provide registration number: Place your seal upon the appropriate plans and attachments

Specifications Approved by: D. A. Flower R.S. Title: Env. H. Supv Date: 8/7/92 CPHU

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

Authority: Chapter 381, F.S. & Chapter 10D-6, F.A.C.

Application/Permit Number 8-665-92R

Permit is for:

New System: _____ Repair: X Existing System: _____ Experimental System (Temporary): _____

Tank Abandonment: _____ Holding Tank: _____ Other (Specify): _____

GENERAL INFORMATION

Owner: Alachua Co. Housing Auth. Telephone: (Work) 372-2549 (Home) _____

Property Street Address: SR 241 S.

Lot #: _____ Block #: _____ Subdivision: Thistle Hill - west Unit: #191

Section: 17 Township: 11 Range: 18 Parcel Number: 5081-10

TO BE COMPLETED BY ENGINEER OR COUNTY PUBLICHEALTH UNIT EMPLOYEES ONLY. SYSTEM IS TO BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS SET FORTH IN CHAPTER 10D-6, F.A.C. PERMITS EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE AND ARE NOT RENEWABLE. REPAIR PERMITS AND HOLDING TANK PERMITS EXPIRE 90 DAYS FROM DATE OF ISSUANCE. APPROVAL OF A SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME.

SYSTEM DESIGN AND SPECIFICATIONS

Design Sewage Flow from Table II 600 GPD Most Restrictive Soil Texture Used for System Sizing: Sandy clay loam
Loading Rate: 0.75 Gallons/Square Foot/Day Standard: ✓ Filled: _____ Mound: _____ Other: _____
Disposal system configuration: Trench: ✓ Bed: _____ Other(describe): _____
Minimum absorption area required: 800 Square Feet
Bottom of drainfield absorption area must be 30" inches above/below (circle one) benchmark/fixed point of reference.
Is Fill required? Yes _____ No ✓ If Yes, What is the Minimum Height of Fill Required: _____ Inches/Feet
Excavation Required: Yes _____ No ✓ Minimum Depth of Excavation: _____ Ft. Area Excavated: _____ Square Feet
Unobstructed area required: 1600 Square Feet Unobstructed area available: 71600 Square Feet
Septic tank liquid capacity: EXIST. (21750) gallons..... Minimum Drainfield Area Required: 8301.2 Square Feet
Laundry tank liquid capacity: _____ gallons..... Minimum Drainfield Area Required: _____ Square Feet
Gray water tank liquid capacity: _____ gallons..... Minimum Drainfield Area Required: _____ Square Feet
Aerobic treatment unit treatment capacity: _____ gpd..... Drainfield Area Required: _____ Square Feet
Grease interceptor capacity: _____ gallons Dosing Tank: Capacity/Volume per Dose (circle one): _____ gallons
Holding Tank Capacity (must be sufficient to handle all waste generated over a seven day period): _____ gallons

Additional construction criteria:
* Bottom of D.F. NOT to exceed 30" below NAT. grade
* Use existing D. Box setting
* Each 750 gal S.T. requires - 400 sq. ft each of D.F.
* OSDS - Tank: Needs Top - covered with plywood/grass

Design by: _____ Title: _____

If designed by a P.E., provide registration number: _____ Place your seal upon the appropriate plans and attachments.

TO BE COMPLETED BY HEALTH UNIT:

Application Received: 8/7/92 Reviewed by: Dan A. Flomen Title: Env. H. Supv. Ala CPHU

Incomplete: _____ Disapproved: _____ Date: _____ Reason: _____

Disapproved: _____ Date: _____ Reason: _____

Approved: ✓ By: Dan A. Flomen R.S. Ala CPHU Date: 8/7/92

Date Issued: 8/7/92 Date of Expiration: 11/7/92 Amount of Fee Paid: NONE - Exempt.

079-1
Y OF ARCHER

5079

5080

663'

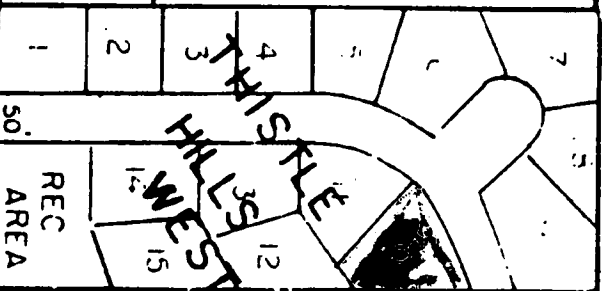
5084

5083-3

5082-1

5082

5083



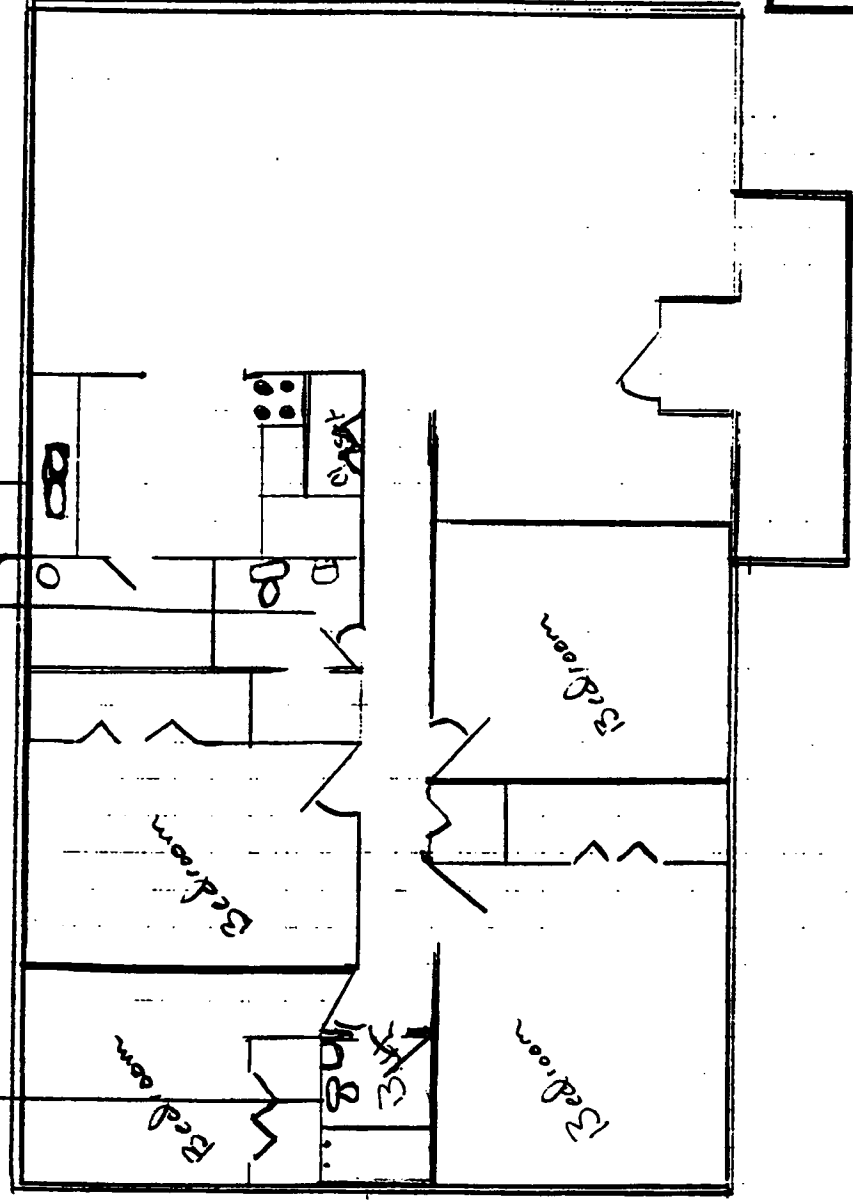
376-8166

SCALE 1" = 300'

THIS MAP IS SUBJECT TO FIELD
CORRECTIONS.

#8-665 12 photo (west) 191 THW PLAN FOR SEPTIC DRAIN FIELD REPLACEMENT

8/16/72 DLF
 #2 Master bath
 #1 Kitchen w/ washer
 1/2 bath



1000 W 1st Street



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
DISTRICT THREE • Lawton Chiles, Governor

Date: August 10, 1992

Alachua County Housing
636 NE 1st Street
Gainesville, FL 32601

RE: Onsite Sewage Disposal System (OSDS) Repair Permit # 8-665-92R

Dear Alachua County Housing:

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,

Daniel A. Flowers R.S.

jd

Attachments

cc: file

ALACHUA COUNTY PUBLIC HEALTH UNITS

Central Office

730 N. Waldo Road, P.O. Box 1327
Gainesville, FL 32602
Administration SC 625-2356
Medical Clinics
(904) 336-2364 SC 625-2364
Environmental Health
(904) 336-2350 SC 625-2350

Satellite Clinics

☐ Alachua
(Main St., 2 doors west of 441)
P.O. Box 1060
Alachua, FL 32615
(904) 462-2542

☐ Hawthorne
107 N.W. 3rd Avenue
P.O. Box 1481
Hawthorne, FL 32640
(904) 481-2388

191 THW

OSDS REPAIR PERMIT #

8-66592R

ALACHUA COUNTY PUBLIC HEALTH UNIT
Repair Permit Questionnaire

Dear Customer:

In order to assist us in evaluating and issuing your septic tank system repair permit, please provide us with the following information:

- (1) What year was the property/lot platted? 1971
- (2) What year was existing house built or trailer placed on property? 1971
- (3) What year was existing septic system installed? 1971
- (4) Has septic system been previously repaired? ~~yes~~ No
- (5) If yes, when? pumped only
- (6) Has septic tank been pumped on a regular basis? yes
- (7) Who pumped the tank last? Beltz
- (8) If yes, how often? Every 2 1/2 - 3 years
- (9) Does laundry wastewater go into existing septic tank? yes
- (10) On an average, how many loads of laundry are washed each day? 2 loads
- (11) How many people live in the home? 5
- (12) Has a registered septic tank contractor/certified plumber looked at the system? yes
- (13) If so, who? Myers - 1-Tank open
- (14) Is sewage backing up into the house? No
- (15) Are any sewer lines clogged? No
- (16) Are there any water leaks in the home (toilets running constantly, dripping faucets, etc.) No
- (17) Is all the plumbing in the home at the proper elevation to reach the septic tank? yes
- (18) Does septic system "work" better during dry weather? yes



Alachua County Health Department
224 SE 24th St Gainesville, FL 32641

PAYING ON: # 01-SA-2139285 BILL DOC #: 1-BID-4911761 CONSTRUCTION APPLICATION #: AP1552747
RECEIVED FROM: Tommy Jones AMOUNT PAID: \$ 185.00
PAYMENT FORM: CREDIT CARD 9649 Visa PAYMENT DATE: 08/19/2020

MAIL TO: (Alachua County Housing Authority, Lot 10)

FACILITY NAME : _____

PROPERTY LOCATION:

17029 SW 141st Pl
Archer, FL 32618

Lot: 10 Block: _____

Property ID: 05081-010-000

EXPLANATION or DESCRIPTION:	QUANTITY	FEE
130 - OSTDS Construction System Inspection Training Cent	1	\$ 5.00
127 - OSTDS Construction System Inspection	1	\$ 75.00
129 - OSTDS Construction Permit (Repair)	1	\$ 55.00
131 - OSTDS Construction Application & Existing System E	1	\$ 50.00

RECEIVED BY: CribbsTL2

AUDIT CONTROL NO. 1-PID-4571154

Note: repair permit 08-473-20;Keen emailed app and paid