

09-743-94 R North tank
12-759-91 R South tank



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

PERMIT NO. 10-578-20
DATE PAID: 10/8/20
FEE PAID: 39500
RECEIPT #: 113048981
AP 1583227

281067305

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[X] Repair [] Abandonment [] Temporary []

APPLICANT: Alachua County Housing Authority

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

TELEPHONE: 352-372-7448

MAILING ADDRESS: 14260 W Newberry Rd, #344, Newberry, FL 32669

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: 4 BLOCK: SUBDIVISION: Thistle Hills West PLATTED: 1971

PROPERTY ID #: 05081-004-000 ZONING: Pes I/M OR EQUIVALENT: [Y(N)]

PROPERTY SIZE: 0.17 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [X] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, PS? [Y(N)] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 17056 SW 141st Place, Archer, FL 32618

DIRECTIONS TO PROPERTY: Take SW 170th Street South out of Archer, turn right on SW 141st Pl, go to house on right

BUILDING INFORMATION

[X] RESIDENTIAL

[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	1967 SFD	4	1225	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: [Signature]

DATE: 10/7/2020



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

PERMIT #. 10 578 20

APPLICANT: ACHA AGENT: Beltz

LOT: 4 BLOCK: _____ SUBDIVISION: Thistle Hills

PROPERTY ID #: 05081 004-000 [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: .17 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 200 400 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 425 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 600 SQFT UNOBSTRUCTED AREA REQUIRED: 360 SQFT

BENCHMARK/REFERENCE POINT LOCATION: top of threshold back door
ELEVATION OF PROPOSED SYSTEM SITE IS 6 [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: _____ FT NORMALLY WET? ☐ YES ☐ NO
WELLS: PUBLIC: _____ FT LIMITED USE: _____ FT PRIVATE: _____ FT NON-POTABLE: _____ FT
BUILDING FOUNDATIONS: 6 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 30 FT

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

SOIL PROFILE INFORMATION SITE 1 - 6

MUNSELL #/COLOR	TEXTURE	DEPTH
10yr 5/2	FS	0 TO 10
7/4	FS	10 TO 55
7.5yr 6/4	SL	55 TO 72
		TO
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Sim Arredondo</u>		

SOIL PROFILE INFORMATION SITE 2 - 20

MUNSELL #/COLOR	TEXTURE	DEPTH
10yr 5/2	FS	0 TO 10
7/4	FS	10 TO 46
5/4 + 6/6	LS	46 TO 56
* 6/4	und. RST RE	56 TO 72
		55 TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Sim Berrens</u>		

OBSERVED WATER TABLE: > 72 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 56 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTLING: ☒ YES ☐ NO DEPTH: 55 INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Table VI split DEPTH OF EXCAVATION: * 55 INCHES
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: N. 1/2 of split system

SITE EVALUATED BY: Ired Bennett DATE: 10-15-20



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

PERMIT

10 578 20

10 578 20

APPLICANT:

Alachua County Housing Authority 17056 SW 14th Pl, Gainesville, FL

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

LOT:

4

BLOCK:

SUBDIV:

Twistle Hills West

ID# 05081-004-000

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"

[750] GALLONS SEPTIC TANK / GPD ATU	LEGEND: unknown	MATERIAL: precast	BAFFLED: [Y]
[750] GALLONS SEPTIC TANK / GPD ATU	LEGEND: _____	MATERIAL: _____	BAFFLED: [Y]
[] GALLONS GREASE INTERCEPTOR	LEGEND: _____	MATERIAL: _____	BAFFLED: [Y]
[] GALLONS DOSING TANK	LEGEND: _____	MATERIAL: _____	# PUMPS: []

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 9/15/20 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

Beltz Liquid Waste Management & Portable Toilets
BUSINESS NAME

10/7/2020
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 30 INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[67] SYSTEM INSTALLATION DATE TYPE OF WASTE [X] DOMESTIC [] COMMERCIAL
[400] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [X] TABLE 1, 64E-6, FAC

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

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

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

REMARKS/ADDITIONAL CRITERIA

SUBMITTED BY: Fred Bennett TITLE / LICENSE ES-11
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

DATE: 10-15-20



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

10-578-20
PERMIT #: 01-SA-2184048
APPLICATION #: AP1583227
DATE PAID: 10-8-20
FEE PAID: \$300
RECEIPT #: AP1583227
DOCUMENT #: PR1454610

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: (Alachua County Housing Authority (North System))
PROPERTY ADDRESS: 17056 SW 141st Pl Archer, FL 32618
LOT: 4 BLOCK: W SUBDIVISION: Thistle Hills West
PROPERTY ID #: 05081-004-000 [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 [750] GALLONS / GPD existing septic tank 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 df SYSTEM
R [0] SQUARE FEET SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: top of threshold back door
I ELEVATION OF PROPOSED SYSTEM SITE [6.00] [INCHES] FT [] ABOVE [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES] FT [] ABOVE [BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

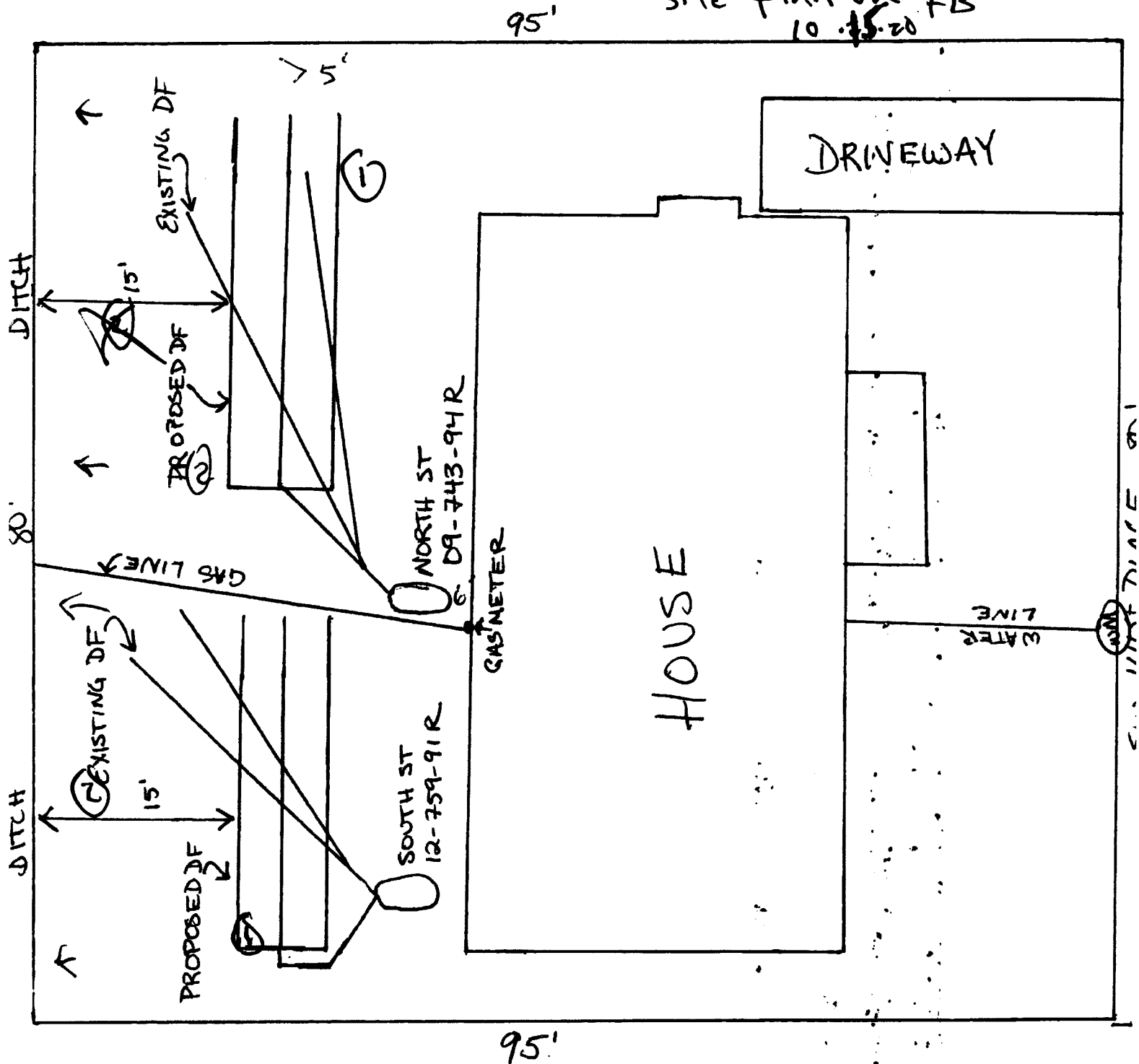
O The system is sized for 4 bedrooms based on replacing the existing amount of field on a split system repair with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd. remove any old drain field and unsuitable soil under and around the new installation dispose of properly replace with suitable fill.
H Split system repair. Permit amount is existing amount per prior approval. ACHE encourages
E Required drainfield area based on rule 64E-6.015(6)(c)2.
R 300 ft² for full repair sizing, or 500 ft² for P.E. flow split for new sizing standards.
Install a new drainfield to achieve Drainfield size requirement.

SPECIFICATIONS BY: Fred L Bennett TITLE: Environmental Specialist II
APPROVED BY: Fred L Bennett TITLE: Environmental Specialist II Alachua CHD
DATE ISSUED: 10/21/2020 EXPIRATION DATE: 01/19/2021
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

N ↑

*BOTH SEPTIC SYSTEMS TO BE
REPAIRED AT THE SAME TIME, BOTH
WILL REQUIRE EXCAVATION OF EXISTING DFX

10-578-20
Site plan of FB North
10-15-20



Alachua County Housing Authority Thistle Hills West, Lot 4, 05081-004-00
FB 10/7/2020

АСТА



Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Acknowledgement & Check List

Nearest intersection within ¼ mile

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

Owner Agreement for Representation

Date

Acknowledgement

Date _____

**Parcel Summary**

Parcel ID 05081-004-000
 Prop ID 25474
 Location Address 17056 SW 141ST PL
 ARCHER, FL 32618
 Neighborhood/Area CITY OF ARCHER (216216.01)
 Subdivision THISTLE HILLS WEST
 Brief Legal Description* THISTLE HILLS WEST PB H-28 LOT 4 OR 804/350
 (Note: *The Description above is not to be used on legal documents.)
 Property Use Code CTY INC NONMUNI (08600)
 Sec/Twp/Rng 17-11-18
 Tax District ARCHER (District 1007)
 MillageRate 26.7223
 Acreage 0.170
 Homestead N

[View Map](#)**Owner Information**

ALACHUA COUNTY HOUSING, AUTHOR
 701 NE 1ST ST
 GAINESVILLE, FL 32601

Valuation

	2019 Certified Values	2018 Certified Values	2017 Certified Values	2016 Certified Values	2015 Certified Values
Improvement Value	\$55,573	\$47,200	\$48,100	\$44,900	\$45,800
Land Value	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Land Agricultural Value	\$0	\$0	\$0	\$0	\$0
Agricultural (Market) Value	\$0	\$0	\$0	\$0	\$0
Just (Market) Value	\$63,573	\$55,200	\$56,100	\$52,900	\$53,800
Assessed Value	\$60,720	\$55,200	\$56,100	\$52,900	\$53,800
Exempt Value	\$60,720	\$55,200	\$56,100	\$52,900	\$53,800
Taxable Value	\$0	\$0	\$0	\$0	\$0
Maximum Save Our Homes Portability	\$2,853	\$0	\$0	\$0	\$53,800

"Just (Market) Value" description - This is the value established by the Property Appraiser for ad valorem purposes. This value does not represent anticipated selling price.

TRIM Notice
[2020 TRIM Notice \(PDF\)](#)
Land Information

Land Use	Land Use Desc	Acres	Square Feet	Frontage	Depth
0100	SFR	0.00	1	0	0

Building Information

Type	SINGLE FAMILY	Heat	03-GAS
Total Area	1,305	HC&V	02-CONVECTION
Heated Area	1,225	HVAC	01-NONE
Exterior Walls	15-CONCRETE BLOCK	Bathrooms	1.5-Baths
Interior Walls	05-DRYWALL	Bedrooms	4-4 BEDROOMS
Roofing	03-ASPHALT	Total Rooms	
Roof Type	03-GABLE/HIP	Stories	1.0
Frame		Actual Year Built	1900
Floor Cover	07-CORK TILE	Effective Year Built	1972

Type	SOH MISC	Heat	
Total Area	250	HC&V	
Heated Area		HVAC	
Exterior Walls		Bathrooms	
Interior Walls		Bedrooms	
Roofing		Total Rooms	
Roof Type		Stories	1.0
Frame		Actual Year Built	1967
Floor Cover		Effective Year Built	1967

Type	Description	Sq. Footage	Year	Quality	Imprv Use	Imprv Use Descr
BAS	BASE AREA	1,225	1972	3	0100	SINGLE FAMILY
FOP	FINISHED OPEN PORCH	80	1972	3	0100	SINGLE FAMILY

Type	Description	Sq. Footage	Year	Quality	Imprv Use	Imprv Use Descr
3800	DRIVE/WALK	250	1967		C1	COMM

The floor plan shows two rooms: BAS and EOP. The BAS room is a large rectangle with dimensions 47ft by 26ft, labeled with an area of 1225 ft². The EOP room is a smaller rectangle attached to the bottom of the BAS room, with dimensions 15ft by 5ft, labeled with an area of 80 ft². The plan includes various dimensions for walls and openings, such as 23ft, 4ft, 7ft, 9ft, and 10ft. The rooms are labeled 'BAS' and 'EOP' in bold text.

Parcel Contour Overlay Aerial 2020 Aerial 2017 Aerial 2014 Aerial 2010 Aerial 2008

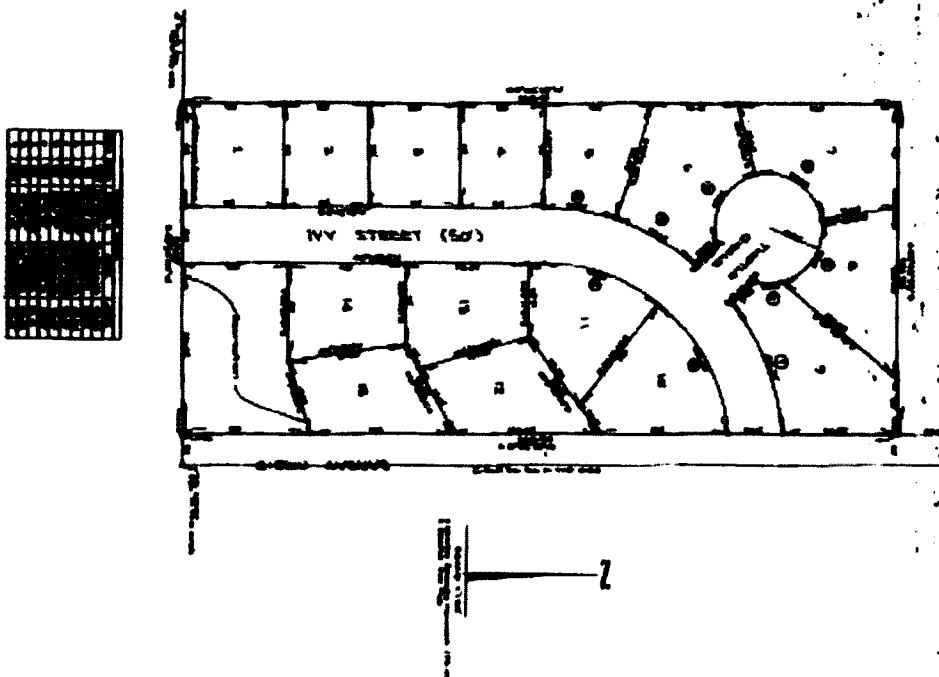
This web application and the data herein is prepared for the inventory of real property found within Alachua County and is compiled from recorded deeds, plats, and other public records and data. Users of this web application and the data herein are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Alachua County Property Appraiser's Office assumes no legal responsibility for the information contained herein.

Developed by
 **Schneider**
GEOSPATIAL

Version 2.3.88

THISTLE HILLS -- WEST IN THE SE 1/4 OF SECTION 17 -- T 11 S -- R 10 E CITY OF ANCHER, ALACHUA COUNTY, FLORIDA

PLAT BOOK H PAGE 28



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

PAYING ON: # 01-SA-2184048 BILL DOC #: 1-BID-5048981 CONSTRUCTION APPLICATION #: AP1583227
RECEIVED FROM: Beltz Liquid Waste Management Inc. AMOUNT PAID: \$ 300.00
PAYMENT FORM: CREDIT CARD 9789 Visa PAYMENT DATE: 10/08/2020

MAIL TO: (Alachua County Housing Authority (North System))

FACILITY NAME : _____

PROPERTY LOCATION:

17056 SW 141st PI
Archer, FL 32618

Lot: 4 Block: _____

Property ID: 05081-004-000

EXPLANATION or DESCRIPTION:	QUANTITY	FEE
130 - OSTDS Construction System Inspection Training Cent	1	\$ 5.00
124 - OSTDS Construction Repair or Mod Site Evaluation	1	\$ 115.00
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

ALACHUA CHD- ENVIRONME
224 SE 24TH ST
GAINESVILLE, FL 3264175
10/08/2020 08:30:02
CREDIT CARD
VISA SALE
XXXXXXXXXXXX9789
Card #
SEQ #: 2
Batch #: 1001
INVOICE
Approval Code: 580282
Entry Method: Manual
Mode: Online
Tax Amount: \$0.00
SALE AMOUNT \$600.00

CUSTOMER COPY

RECEIVED BY: CribbsTL2

AUDIT CONTROL NO. 1-PID-4747610

Note: repair permit 10-578-20;Beltz emailed app in

8/29

Ron

5 at 10/00 Sept 30 1994



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL
Authority: Chapter 881, FS & Chapter 10D-6, FAC

PERMIT # 9-743-94R
RECEIPT #
FEE PAID \$
DATE PAID 9-22-94

APPLICANT:

Alachua County Housing Authority

AGENT:

N/A

PROPERTY STREET ADDRESS:

110 Thistle Hills way

LOT:

4

BLOCK:

N/A

SUBDIVISION:

Thistle Hills way

PROPERTY ID #:

N/A

[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 3 ft [2] N/A
[] [02] TANK MATERIAL concrete
[] [03] OUTLET DEVICE -
[] [04] MULTI-CHAMBERS -
[] [05] LEGEND N/A
[] [06] WATERTIGHT -
[] [07] LEVEL -
[] [08] DEPTH OF LID -

SETBACKS

- [] [27] SURFACE WATER -
[] [28] DITCHES -
[] [29] PRIVATE WELLS -
[] [30] PUBLIC WELLS C.W.
[] [31] IRRIGATION WELLS -
[] [32] POTABLE WATER LINES -
[] [33] BUILDING FOUNDATION -
[] [34] PROPERTY LINES -
[] [35] OTHER N/A

DRAINFIELD INSTALLATION

- [] [09] AREA [1] 240 [2] N/A SQFT
[] [10] DISTRIBUTION BOX/HEADER
[] [11] NUMBER OF DRAINLINES 2
[] [12] DRAINLINE SEPARATION
[] [13] DRAINLINE SLOPE
[] [14] DEPTH OF COVER
[] [15] SYSTEM ELEVATION D-Box Invert 24' b/w
[] [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
[] [38] SLOPES N/A
[] [39] STABILIZATION MATERIAL 1/1/1

FILL/EXCAVATION MATERIAL

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

ADDITIONAL INFORMATION

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

ABANDONMENT

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

EXPLANATION OF VIOLATIONS:

- []
[]
[]
[]

INSTRUCTION

[APPROVED/DISAPPROVED]:

Mr B Zuh

Alachua

CPHU DATE: 9/30/94

FINAL SYSTEM

[APPROVED/DISAPPROVED]:

Mr B Zuh

Alachua

CPHU DATE: 9/30/94

SW 9/20



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 # 9-743-94R
DATE PAID 9/22/94
FEE PAID \$
RECEIPT #

APPLICATION FOR:

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

APPLICANT: Alachua County Housing Authority TELEPHONE: 572-2549

AGENT:

MAILING ADDRESS: 636 NE 1st Street Gainesville, FL. 32608

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]

LOT: 4 BLOCK: SUBDIVISION: Thistle Hills West DATE OF SUBDIVISION: 1991
PROPERTY ID #: [Section/Township/Range/Parcel No.] ZONING:

PROPERTY SIZE: 3/4 ACRES [Sqft/43560] PROPERTY WATER SUPPLY: ☐ PRIVATE ☒ PUBLIC

PROPERTY STREET ADDRESS: 140 THW Archer

DIRECTIONS TO PROPERTY: 24 to Archer Light, Turn Left to Gordon
turn Right to stop sign, left at stop sign 1/4 mile
Project on Right - 15 Houses - Thistle Hills West

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	# Persons Served	Business Activity For Commercial Only
1	Public Housing	4	1000	6	
2					
3					
4			1/2 Floor		600 G.P.P.

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

APPLICANT'S SIGNATURE: John Hansen DATE: 9-22-94

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
APPLICATION FOR ON-SITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION PERMIT

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

Building Permit #: _____
Application/Permit Number: _____
Date Application Received: _____
Fee Amount Paid: _____
Receipt #: _____
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: 140 Thistle Hills West

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 #: _____ Block #: _____ Subdivision: Thistle Hills West Unit: _____ Date Subdivided: 1971
Section: 17 Township: 11 Range: 18 Parcel Number: 5081-Lot Zoning Designation: _____
Property size: _____ Square Feet/Acres 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>1000 (4)</u>			

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 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: [Signature] Date: 9 / 22 / 94



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

PERMIT #

9-743-94R

APPLICANT:

ALA City Housing Authority

AGENT:

N/A

LOT:

4

BLOCK:

SUBDIVISION:

THISTLE HILLS WEST

PROPERTY ID #:

N/A

[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: .55 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 450 GALLONS PER DAY [RESIDENCES TABLE 1] OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 1875 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 210,000 SQFT UNOBSTRUCTED AREA REQUIRED: 960 SQFT

BENCHMARK/REFERENCE POINT LOCATION: 16 d nail in tree adjacent to OSDS
ELEVATION OF PROPOSED SYSTEM SITE IS 12 INCHES/FT [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
SURFACE WATER: 75 FT DITCHES/SWALES: N/A FT NORMALLY WET? ☐ YES ☒ NO
WELLS: PUBLIC: 200 FT LIMITED USE: 100 FT PRIVATE: 75 FT NON-POTABLE: 50 FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 2 FT POTABLE WATER LINES: 10 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

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
5/2 204y Brn	FS	0 to 6
7/4 U. 204y Brn	FS	6 to 14
8/3 11 11 11	FS	14 to 28
8/2 11 11 11	FS	28 to 34
6/6 Brn yellow	LS	34 to 50
6/6 11 11	S.L.	50 to 72
		to
		to
		to
USDA SOIL SERIES: Sin - Arents		

Munsell #/Color	Texture	Depth
5/2 204y Brn	FS	0 to 6
7/4 U. 204y Brn	FS	6 to 15
8/3 11 11 11	FS	15 to 25
8/2 11 11 11	FS	25 to 30
6/6 Brn yellow	LS	30 to 50
6/6 Brn yellow	S.L.	50 to 72
		to
		to
		to
USDA SOIL SERIES: Sin - Arents		

OBSERVED WATER TABLE: 772 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 772 INCHES [ABOVE / BELOW] EXISTING GRADE.
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTLING: ☐ YES ☒ NO DEPTH: N/A INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 1.25 g/ft²/1/55 DEPTH OF EXCAVATION: N/A INCHES
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY)
REMARKS/ADDITIONAL CRITERIA:

SITE EVALUATED BY: Mike Jensen

DATE: 9/26/94



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

PERMIT # 9-743-94R
DATE PAID 9/22/94
FEE PAID \$ 0
RECEIPT # 0

CONSTRUCTION PERMIT FOR:

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

APPLICANT: ALA. CTY. Housing Authority AGENT: N/A

PROPERTY STREET ADDRESS: 140 T.H.W. Anoka

LOT: 4 BLOCK: N/A SUBDIVISION: Thistle Hills WEST

PROPERTY ID #: N/A [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. HRS 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

T [900] [GALLONS / GPD] SEPTIC TANK AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN SERIES: []
R [02] [GALLONS / GPD] _____ CAPACITY MULTI-CHAMBERED/IN SERIES: []
N [8x12m] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [] GALLONS PER DOSE DOSING TANK CAPACITY DOSE RATE [] PER 24 HRS NO. OF PUMPS: []

D [480] [SQUARE FEET] PRIMARY DRAINFIELD SYSTEM
R [240] [SQUARE FEET] _____ SYSTEM
A TYPE SYSTEM: 9/22/94 M.T. [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

N
F LOCATION OF BENCHMARK: 16 d nail in tree adjacent to OSOS
I ELEVATION OF PROPOSED SYSTEM SITE [12] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
L

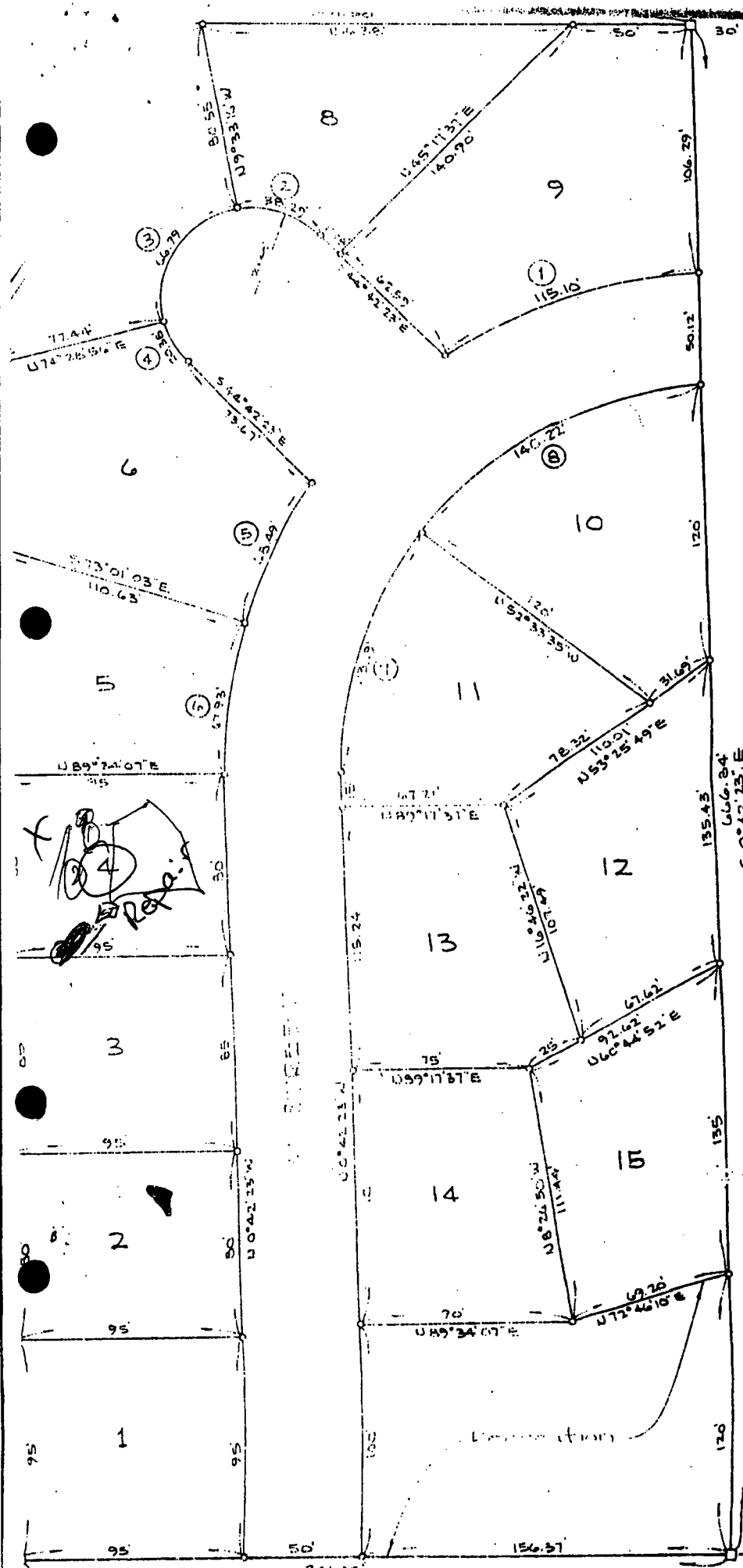
D FILL REQUIRED: [N/A] INCHES EXCAVATION REQUIRED: [N/A] INCHES

O D.Box invert to BE $\leq 36"$ BBN 02 $\leq 24"$ BNG
T _____
H _____
E _____
R _____

SPECIFICATIONS BY: Auto Lewis TITLE: E.S.I

APPROVED BY: Mr. A. Zerk TITLE: Alachua Alachua CPHU

ISSUED: 9/26/94 EXPIRATION DATE: 12/26/94



GIBSON AVENUE

East line Sec. 11 - T11S - R10E

See corner
Sec. 11 - T11S - R10E

Cribbs, Tina L

From: Sunshine 811 Exactix <no-reply@exactix.sunshine811.com>
Sent: Wednesday, October 7, 2020 5:00 PM
To: Cribbs, Tina L
Subject: SSOCOF CONFRM 2020/10/07 #00000 281007305-000 NORM NEW

CONFRM 00000 CALL SUNSHINE 10/07/20 16:59:32ET 281007305-000 STREET Ticket : 281007305 Rev:000 Taken: 10/07/20 16:57ET

State: FL Cnty: ALACHUA GeoPlace: ARCHER
CallerPlace: ARCHER
Subdivision: THISTLE HILLS WEST Lot: 4

Address : 17056
Street : SW 141ST PL
Cross 1 : GIBSON AVE
Within 1/4 mile: Y

Locat: THE ENTIRE PROPERTY DUE TO THERE ARE TWO REPAIRS GOING ON AT THIS LOT

Remarks : *** LOOKUP BY ADDRESS ***

Grids : 2931C8231C

Work date: 10/09/20 Time: 23:59ET Hrs notc: 059 Category: 3 Duration: 01 HR Due Date : 10/09/20 Time: 23:59ET Exp Date : 11/06/20 Time: 23:59ET Work type: SEPTIC Boring: N White-lined: N
Ug/Oh/Both: U Machinery: N Depth: 6 FT Permits: Y 10-578-20 10-579-20 Done for : ALACHUA COUNTY HOUSING AUTHORITY

Company : ALACHUA COUNTY HEALTH DEPARTMENT Type: CONT Co addr : 224 SE 24TH ST Co addr2: DEPT 30EH
City : GAINESVILLE State: FL Zip: 32641
Caller : TINA CRIBBS Phone: 352-334-7930
BestTime: MON-FRI 8-5
Fax : 352-334-7935
Email : TINA.CRIBBS@FLHEALTH.GOV

Submitted: 10/07/20 16:57ET Oper: TIN Chan: WEB Mbrs : CLAY05 COA881 GN1349 PE1371 SBF09

Repair
10/12

10/22
9.57



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

PERMIT NO. 10-59820
DATE PAID: 10/8/20
FEE PAID: 300.00
RECEIPT #: 1/5048981
APR 8 3 22

APPLICANT: Alachua County Housing Authority (North)

AGENT: _____

PROPERTY ADDRESS: 17056 SW 141st Place, Archer, FL 32618

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PROPERTY ID #: 05081-664-000

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

TANK INSTALLATION		SETBACKS	
[] [01]	TANK SIZE [1] <u>750</u> [2] <u>M</u>	[] [27]	SURFACE WATER _____ FT
[] [02]	TANK MATERIAL <u>Concrete</u>	[] [28]	DITCHES _____ FT
[] [03]	OUTLET DEVICE _____	[] [29]	PRIVATE WELLS _____ FT
[] [04]	MULTI-CHAMBERED [Y] <u>(N)</u>	[] [30]	PUBLIC WELLS _____ FT
[] [05]	OUTLET FILTER _____	[] [31]	IRRIGATION WELLS _____ FT
[] [06]	LEGEND <u>exist</u>	[] [32]	POTABLE WATER LINES <u>30</u> FT
[] [07]	WATERTIGHT _____	[] [33]	BUILDING FOUNDATION <u>6</u> FT
[] [08]	LEVEL _____	[] [34]	PROPERTY LINES <u>10</u> FT
[] [09]	DEPTH TO LID <u>3 x 30 tied</u>	[] [35]	OTHER _____ FT
DRAINFIELD INSTALLATION		FILLED / MOUND SYSTEM	
[] [10]	AREA [1] <u>270</u> [2] <u>M</u> SQFT	[] [36]	DRAINFIELD COVER _____
[] [11]	DISTRIBUTION BOX _____ HEADER <u>✓</u>	[] [37]	SHOULDERS _____
[] [12]	NUMBER OF DRAINLINES <u>3</u>	[] [38]	SLOPES _____
[] [13]	DRAINLINE SEPARATION _____	[] [39]	STABILIZATION <u>M</u>
[] [14]	DRAINLINE SLOPE _____	ADDITIONAL INFORMATION	
[] [15]	DEPTH OF COVER _____	[] [40]	UNOBSTRUCTED AREA _____
[] [16]	ELEVATION [ABOVE/BELOW] BM <u>36</u>	[] [41]	STORMWATER RUNOFF _____
[] [17]	SYSTEM LOCATION <u>M</u>	[] [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>Beltz</u>
[] [22]	FILL AMOUNT _____	[] [48]	OTHER <u>no separate stake</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:

[] _____
[] _____
[] _____
[] _____

CONSTRUCTION [APPROVED/DISAPPROVED]: Fred Bennett Alachua CHD DATE: 10-29-20

FINAL SYSTEM [APPROVED/DISAPPROVED]: Fred Bennett Alachua CHD DATE: 10-29-20

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

TH

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: Lot, Block and Subdivision for lot or
 PROPERTY ID#: 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 corrective action.
 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: _____			
		EXISTING GROUND		TOP OF AGGREGATE	
[+] SHOT	_____	H.I.	_____	H.I.	_____
H.I.	_____	[-] SHOT	_____	[-] SHOT	_____
ELEVATION	_____		_____		_____