

10-848-92

~~08-848-92~~

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

PERMIT NO. 08-472-20
DATE PAID: 8/19/20
FEE PAID: 185.00
RECEIPT #: 14911760
AP1552739

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: 512 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)(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: 1 BLOCK: SUBDIVISION: Thistle Hills East PLATTED: 6/23/1970

PROPERTY ID #: 16-11-18-04974-001-000 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 0.2 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☒ > 2000 GPD

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

PROPERTY ADDRESS: 13519 SW 156th Terr. Archer 32618DIRECTIONS 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	SFR	4	1225	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature]DATE: 8-14-20

DH 4015, 08/05 (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 # 08-472-20

APPLICANT: Alachua County Housing Authority

CONTRACTOR/AGENT : Stephensons Septic

LOT: 1 BLOCK: _____ SUBDIV: Thistle Hills E

ID#: 04974-001-000

=====

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 2x

[] 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: _____	# PUMPS: []
[] GALLONS DOSING TANK	LEGEND: _____	MATERIAL: _____	

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.

See Attached

SIGNATURE OF LICENSED CONTRACTOR _____

BUSINESS NAME _____

DATE _____

=====

STING DRAINFIELD INFORMATION

[405] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: 15 x 27
[225] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: 15 x 15
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 24 INCHES [ABOVE] BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[1-1-1967] SYSTEM INSTALLATION DATE
[400] GPD ESTIMATED SEWAGE FLOW BASED ON TYPE OF WASTE [☒] DOMESTIC [] COMMERCIAL
[] 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 * Both existing tanks are to be abandoned + a whole new tank + drainfield installed *

SUBMITTED BY: Theresa Allen TITLE/LICENSE 19-2064

DATE: 8-18-20

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



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

PERMIT # _____

APPLICANT: ACHA 13519 SW 156th Terrace, Archer, FL 32618

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

LOT: 1 BLOCK: _____ SUBDIV: Thistle Hills East ID#: 04974-001-001

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 750 102"x36"x48" 900 108"x42"x48"

	GALLONS SEPTIC TANK / GPD ATU	LEGEND:	MATERIAL:	BAFFLED: (Y/N)
North	<u>750</u>	<u>unknown</u>	<u>precast</u>	<u>(Y)</u>
South	<u>900</u>	<u>unknown</u>	<u>precast</u>	<u>(N)</u>
	GALLONS GREASE INTERCEPTOR	LEGEND:	MATERIAL:	
	GALLONS DOSING TANK	LEGEND:	MATERIAL:	# PUMPS: ()

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 7/22/19 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 North septic tank is cracked and not certifiable
South septic was certifiable at time of 2019 inspection

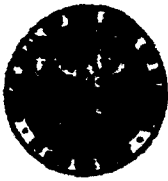
SUBMITTED BY: _____ TITLE / LICENSE _____
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

DATE: _____

AUG 24 2019 6PM

ENV HEALTH

AUG 24 '20 6:06PM



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

PERMIT #: 08-472-20

APPLICANT: Alachua County Housing Authority AGENT: Stephensons Septic
LOT: 1 BLOCK: _____ SUBDIVISION: Thistle Hills East
PROPERTY ID #: 16-11-18-04974-001-000 [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: .2 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: 980 SQFT
BENCHMARK/REFERENCE POINT LOCATION: NE Corner of Slab
ELEVATION OF PROPOSED SYSTEM SITE IS 7' (INCHES/FT) [ABOVE/BELON] BENCHMARK/REFERENCE POINT 795 ft

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: NA FT DITCHES/DRALES: 35 FT NORMALLY WET? ☐ YES ☒ NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: _____ FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 18 FT POTABLE WATER LINES: 35 FT
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 12" B

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 3/1	FS	0 TO 18
10YR 5/1	PS	18 TO 42
10YR 7/2	PS	42 TO 72
		TO
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Arredondo</u>		

SOIL PROFILE INFORMATION SITE 2 7" B

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 3/1	PS	0 TO 12
10YR 5/1	PS	12 TO 36
10YR 7/2	PS	36 TO 72
		TO
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Arredondo</u>		

RESERVED WATER TABLE: _____ INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED NET SEASON WATER TABLE ELEVATION: 7' 72" INCHES [ABOVE / BELOW] EXISTING GRADE
WATER TABLE VEGETATION: ☐ YES ☒ NO NOTTLING: ☐ YES ☒ NO DEPTH: _____ INCHES
OIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Table VI DEPTH OF EXCAVATION: _____ INCHES
RAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY) _____
MARKS/ADDITIONAL CRITERIA: _____

EVALUATED BY: Thomas H. H. 19-2014

DATE: 8-18-20



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

8-472-20
PERMIT #: 01-SA-2139275
APPLICATION #: AP1552739
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR1394815

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: (Alachua County Housing Authority, Lot 1)
PROPERTY ADDRESS: 13519 SW 156th Ter Archer, FL 32618
LOT: 1 BLOCK: H SUBDIVISION: Thistle Hills East
PROPERTY ID #: 04974-001-000 [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 [530] SQUARE FEET Drainfield Replacement Tre SYSTEM
R [—] SQUARE FEET SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: North East corner of slab

I ELEVATION OF PROPOSED SYSTEM SITE [7.00] [INCHES] FT [] ABOVE [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [37.00] [INCHES] FT [] ABOVE [BELOW] BENCHMARK/REFERENCE POINT

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. Properly abandon and have inspected both existing tanks. Combine sewer plumbing into new shared septic tank and drainfield per agent. Private site evaluation shall be confirmed at time of installation inspection.

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

Harris, Todd S

From: Harris, Todd S
Sent: Monday, August 24, 2020 6:11 PM
To: Kameron Keen
Cc: Cribbs, Tina L
Subject: RE: ACHA-Thistle Hills East 08-472-20

Kameron,

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

- ✓ Provide dimensioned setback from the existing South tank that is believed to remain for use in the repair
- ✓ Indicate the transmission line from South tank to new drainfield if the tanks are in fact being combined to a common replacement drainfield
- ✓ Revise the existing system evaluation for configuration and drainline dimensions as both drainfields are documented beds

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)

Thistle Hills East

Unit # 1

13519 SW 156th Terrace

4 Bedroom

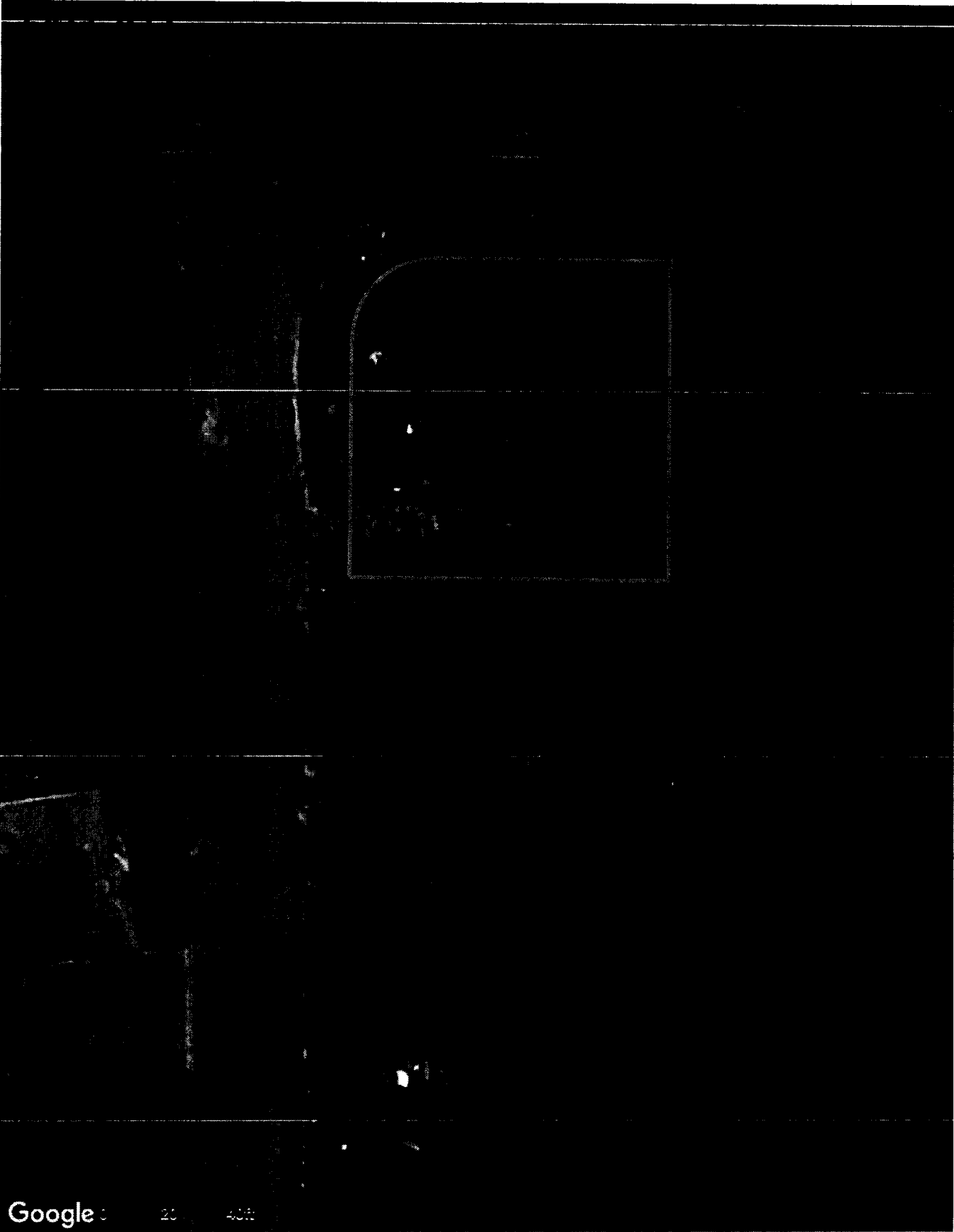
04974-001-000

This house is served by two septic systems. The north septic tank is 750-gallon and has a crack in the front of the tank. The level in the tank was at normal level at the time of inspection, indicating the drain field is working. It should be noted that there was a significant amount of trash in the septic tank as can be seen in picture 1. The drain field was tested for 12 minutes and did not back up during that time.

The south septic tank is a 900-gallon that is in good certifiable condition. The tank did have a significant amount of grease in it as well as thick solids and a thick scum of grease on the inlet cone and lid, all of which can be seen in picture 1. Picture 2 also shows a thick layer of grease on the lid as well as on the outlet cone. The drain field was tested by running water into it and backed up within 2 minutes.

According to Alachua County Health Department records both systems were last repaired in 1993 under permit # 10-848-92 when 405 square feet were installed on the north septic tank and 225 square feet on the south septic tank.

Both septic systems need significant work. I would recommend replacing both with one new system. The anticipated cost of that work would be \$5400 - \$6600.



PLAT BOOK H PAGE 27[illegible]

WE THIS UNDERSIGNED DO HEREBY CERTIFY THAT WE ARE THE OWNERS OF THE ABOVE DESCRIBED LAND AND DO HEREBY OBLIGATE TO THE PUBLIC PRESERVE, THE USE OF THE STRAITS AS SHOWN ON THIS PLAN.

 L. M. Martin
 WITNESS

 David A. Schaepp
 WITNESS

 B. D. Biggs
 JUDGE

 Barbara L. Chance

[illegible]

WITNESS MY HAND AND OFFICIAL SEAL THIS 3RD DAY OF June, 1970.

1281 N. 6th Street
My Commission Expires February 14, 1987

THE ALABAMA COUNTY HEALTH DEPARTMENT WILL BEAMINE AND ENSURED EACH LOT SEPARATELY SHOWN ON THIS PLAN WHEN BUILDING PERMITS ARE APPLIED FOR.

DATE: 6-24-72 SIGNED: B. C. Pofford
Assistant Controller State of Tennessee

STATION
STATE
of
LA
LA

WERNER BY CERTIFY THAT THIS IS A CORRECT AND TRUE REPRESENTATION OF THE ABOVE DESCRIBED LANDS AND THAT PERSONS WHO HAVE BEEN DESCRIBED HAVE BEEN DESCRIBED AS SUCH BY THE ABOVE DESCRIBED LANDS.

IS IS TO CERTIFY THAT THIS PLAT CONFORMS TO THE LAWS OF THE STATE OF MICHIGAN, AND AS THE TOWN IN QUESTION.

Ernest L. Robinson
MAYOR

REMOVED AS TO WORKING OF DEPOSITION AND CERTIFICATION THIS 23rd DAY OF October. 1970

Sam J. Hill

RECORDED THIS 24th DAY OF June 1970

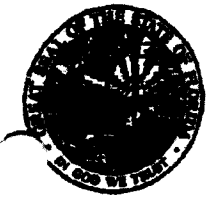
L. Christie Paulson, Clerk

6.

100

1

[Illegible text]



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

PERMIT # 08-472-20

APPLICANT: Alachua County Housing Authority

CONTRACTOR/AGENT : Stephensons Septic

LOT: 1 BLOCK: _____ SUBDIV: Thistle Hills E ID#: 04974-001-000

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 Abandon & Replace N Tank. Re-use S Tank

[] 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 OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR _____ BUSINESS NAME _____ DATE _____

STING DRAINFIELD INFORMATION

[405] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [3] DIMENSIONS: 3 x 45
[225] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [2] DIMENSIONS: 3 x 37.5
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 24 INCHES [ABOVE] [BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[1-1-1967] SYSTEM INSTALLATION DATE
[400] GPD ESTIMATED SEWAGE FLOW BASED ON TYPE OF WASTE [☒] DOMESTIC [☐] COMMERCIAL
[☐] METERED WATER [☒] TABLE 1, 64E-6, FAC

SITE CONDITIONS: [☐] DRAINAGE STRUCTURES [☐] POOL [☐] PATIO / DECK [☐] PARKING
[☐] 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: Theresa Allen TITLE/LICENSE 19-2064 DATE: 8-18-20
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

6-1-93 11:35 AM Ron

(S) at 300 6-2-93



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 # 10-848-92R
RECEIPT # NA
FEE PAID \$ NA
DATE PAID 10/26/92

APPLICANT: Alachua Cty Housing AGENT: SAME

PROPERTY STREET ADDRESS: 110 THISTLE HILLS EAST

LOT: 1 BLOCK: NA SUBDIVISION: " " "

PROPERTY ID #: 16-11-18/4974 [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
[] [30] PUBLIC WELLS OK
[] [31] IRRIGATION WELLS
[] [32] POTABLE WATER LINES
[] [33] BUILDING FOUNDATION
[] [34] PROPERTY LINES
[] [35] OTHER

DRAINFIELD INSTALLATION BELOW
[] [09] AREA [1] [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
[] [42] ALARMS
[] [43] MAINTENANCE AGREEMENT OK
[] [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 15' = 225 FT²
[] 15' X 27' = 405 FT²
[] TOTAL 630 FT²

CONSTRUCTION [APPROVED/DISAPPROVED] [Signature] ALACHUA CPHU DATE: 6/2/93

FINAL SYSTEM [APPROVED/DISAPPROVED] [Signature] ALACHUA CPHU DATE: 6/2/93

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 10-848920

Date Application Received 10/26/92

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 A 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: 110 Thistle Hills East (Archer)

Exact Directions to Property: Highway 24 to Archer, Left at red light, 3/4 mile then left at store. Drive over railroad tracks, 15 houses in project on right.

Lot # 1 Block # Subdivision: Thistle Hills East Unit: Date Subdivided: 1971

Section: 16 Township: 11 Range: 18 Parcel Number: 4974-Lot Zoning Designation:

Property size: ~.19 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
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SRD

1,000 (4)

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: CL. F. Cloth Date: 10/26/92



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

PAYING ON: # 01-SA-2139275 BILL DOC #: 1-BID-4911760 CONSTRUCTION APPLICATION #: AP1552739
RECEIVED FROM: Stephenson Septic Tank Service AMOUNT PAID: \$ 185.00
PAYMENT FORM: CREDIT CARD 9649 Visa PAYMENT DATE: 08/19/2020

MAIL TO: (Alachua County Housing Authority, Lot 1)

FACILITY NAME : _____

PROPERTY LOCATION:

13519 SW 156th Ter
Archer, FL 32618

Lot: ¹ _____ Block: _____

Property ID: 04974-001-000

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-4571152

Note: repair permit 08-472-20;Keen emailed app and paid