

9/15/10:50



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

S 9/24/20
~~*e 2/2/20*~~ *3100*

PERMIT NO. 08-473-20
 DATE PAID: 8/19/20
 FEE PAID: 185.00
 RECEIPT #: 44911761
AP1552747

APPLICANT: Alachua County Housing Authority

AGENT: _____

PROPERTY ADDRESS: 17029 SW 141st Place Archer, FL 32018

LOT: 10 BLOCK: _____ SUBDIVISION: Thistle Hills West PROPERTY ID #: 05081-010-000

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

TANK INSTALLATION		SETBACKS	
[]	[01] TANK SIZE [1] <u>1050</u> <i>NW</i> [2] <u>W</u>	[]	[27] SURFACE WATER _____ FT
[]	[02] TANK MATERIAL <u>polyester</u>	[]	[28] DITCHES _____ FT
[]	[03] OUTLET DEVICE _____	[]	[29] PRIVATE WELLS _____ FT
[]	[04] MULTI-CHAMBERED [Y] <u>Y</u> / N _____	[]	[30] PUBLIC WELLS _____ FT
[]	[05] OUTLET FILTER <u>ULYte FLY</u>	[]	[31] IRRIGATION WELLS _____ FT
[]	[06] LEGEND <u>34-10T-10 DC3</u>	[]	[32] POTABLE WATER LINES <u>45</u> FT
[]	[07] WATERTIGHT _____	[]	[33] BUILDING FOUNDATION <u>13</u> FT
[]	[08] LEVEL _____	[]	[34] PROPERTY LINES <u>2 East</u> FT
[]	[09] DEPTH TO LID _____	[]	[35] OTHER _____ FT

DRAINFIELD INSTALLATION		FILLED / MOUND SYSTEM	
[]	[10] AREA [1] <u>510</u> [2] <u>W</u> SQFT	[]	[36] DRAINFIELD COVER _____
[]	[11] DISTRIBUTION BOX _____ HEADER <u>X</u>	[]	[37] SHOULDERS _____
[]	[12] NUMBER OF DRAINLINES <u>4</u>	[]	[38] SLOPES _____
[]	[13] DRAINLINE SEPARATION _____	[]	[39] STABILIZATION <u>W</u>
[]	[14] DRAINLINE SLOPE _____		
[]	[15] DEPTH OF COVER _____	ADDITIONAL INFORMATION	
[]	[16] ELEVATION [ABOVE/BELOW] BM <u>27</u>	[]	[40] UNOBSTRUCTED AREA _____
[]	[17] SYSTEM LOCATION <u>W</u>	[]	[41] STORMWATER RUNOFF _____
[]	[18] DOSING PUMPS _____	[]	[42] ALARMS _____
[]	[19] AGGREGATE SIZE _____	[]	[43] MAINTENANCE AGREEMENT _____
[]	[20] AGGREGATE EXCESSIVE FINES _____	[]	[44] BUILDING AREA _____
[]	[21] AGGREGATE DEPTH _____	[]	[45] LOCATION CONFORMS WITH SITE PLAN _____

FILL / EXCAVATION MATERIAL		ABANDONMENT X2	
[]	[22] FILL AMOUNT _____	[]	[46] FINAL SITE GRADING _____
[]	[23] FILL TEXTURE _____	[]	[47] CONTRACTOR <u>Stephenson's</u>
[]	[24] EXCAVATION DEPTH _____	[]	[48] OTHER <u>ARC 24 #34</u>
[]	[25] AREA REPLACED _____	[]	[49] TANK PUMPED <u>9/24/20</u>
[]	[26] REPLACEMENT MATERIAL _____	[]	[50] TANK CRUSHED & FILLED <u>9/24/20</u>

EXPLANATION OF VIOLATIONS / REMARKS:
 [] Inspector observed empty tanks for abandonment
 [] constant raining. Non notified
 [] _____
 [] _____

CONSTRUCTION [APPROVED/DISAPPROVED]: Not CHD DATE: 9/24/20

FINAL SYSTEM [APPROVED/DISAPPROVED]: Not CHD DATE: 9/24/20

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
PROPERTY ID#: Lot, Block and Subdivision for lot or
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)

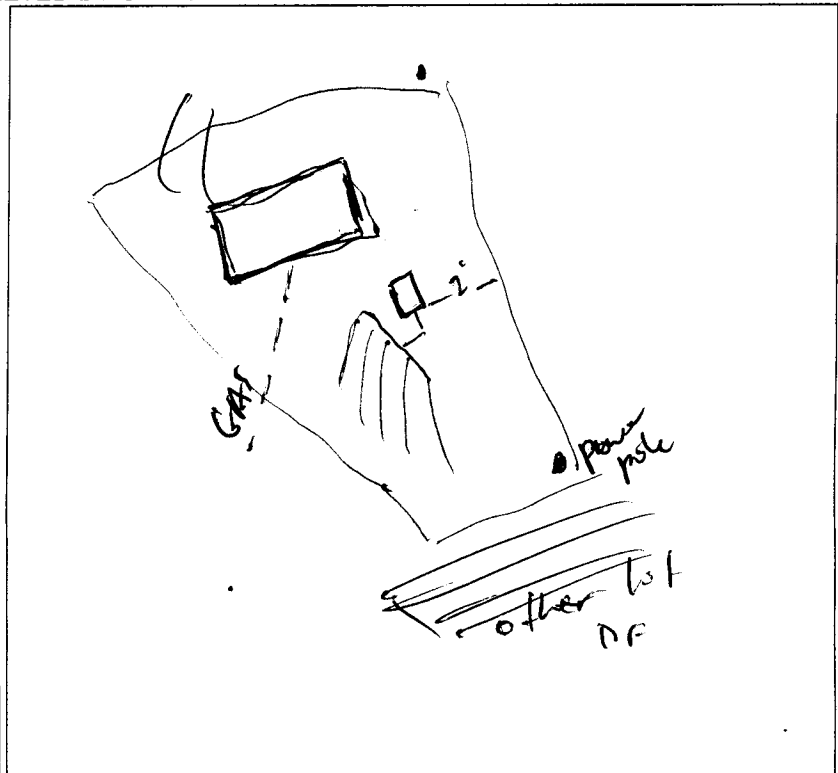
NUMBER OF DRAINLINES (number installed)
SYSTEM ELEVATION (in relation to BM)
DOSING PUMPS (number installed)

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. _____
H.I. _____	[-] SHOT _____	[-] SHOT _____	[-] SHOT _____
ELEVATION _____			