



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

PERMIT NO. 07-591-06  
DATE PAID: 7/31/06  
FEE PAID: 315.00  
RECEIPT #: 226607721

APPLICATION FOR:

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

APPLICANT: Alachua County Housing Authority 312-2549

AGENT: Myer Bros, INC TELEPHONE: 318-2315

MAILING ADDRESS: 224 NE 16th Ave, Gainesville, FL 32601

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.

PROPERTY INFORMATION

LOT: 116 BLOCK: 11 SUBDIVISION: Thistle Hills-East PLATTED: 1967

PROPERTY ID #: 04974-005-000 ZONING: Res I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1/2 ACRES WATER SUPPLY: ☐ PRIVATE ☒ PUBLIC 1/2-2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 1/2 FT

PROPERTY ADDRESS: 13591 SW 156th Terr, Archer, FL 32618

DIRECTIONS TO PROPERTY: Take Archer rd to Archer. Turn left on SR-45

go about 1 mile turn left by post office on C.R. 346

go about 2 miles turn right into Thistle Hills East

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	Single family	3	1052	1967
2		300 sq ft		
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Ran nyen DATE: \_\_\_\_\_

APPLICATION FOR: Check type of permit, if "Other" specify type in blank.

APPLICANT: Property owner's full name.

AGENT: Property owner's legally authorized representative.

TELEPHONE: Telephone number for applicant or agent.

MAILING ADDRESS: P.O. box or street, city, state and zip code mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

DATE OF SUBDIVISION: Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

PROPERTY ID#: 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

ZONING: Specify zoning and whether or not property is in I/M zoning or equivalent usage.

PROPERTY SIZE: Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

WATER SUPPLY: Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

SEWER AVAILABILITY Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

PROPERTY ADDRESS: Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

DIRECTIONS: Provide detailed instructions to lot or attach an area map showing lot location.

BUILDING INFORMATION: Check residential or commercial.

TYPE ESTABLISHMENT: List type of establishment from Table II, Chapter 10D-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

BUILDING AREA: Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

BUSINESS ACTIVITY: For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 10D-6, FAC.

FIXTURES: Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

SIGNATURE / DATE: Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.



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

PERMIT # 7-591006

APPLICANT: Alachua County Housing Auth. AGENT: Myers  
LOT: 16 BLOCK: 11 SUBDIVISION: Pristine Hills - East  
PROPERTY ID #: 04974-005-000 [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: 1/2 ACRES  
TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY [RESIDENCES-TABLE 1 / OTHER-TABLE 2]  
AUTHORIZED SEWAGE FLOW: 1250 GALLONS PER DAY [1500 GPD/ACRE OR ~~2500 GPD/ACRE~~]  
UNOBSTRUCTED AREA AVAILABLE: 1336 SQFT UNOBSTRUCTED AREA REQUIRED: 668 SQFT

BENCHMARK/REFERENCE POINT LOCATION: mail 12 4x4 post  
ELEVATION OF PROPOSED SYSTEM SITE IS 29 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

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

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO  
10 YEAR FLOOD ELEVATION FOR SITE: 5 FT MSL/NGVD SITE ELEVATION: 5 FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1

Munsell #/Color	Texture	Depth
<u>10YR 4/2</u>	<u>FS</u>	<u>0 to 12</u>
<u>5Y4</u>	<u>FS</u>	<u>12 to 29</u>
<u>6Y4</u>	<u>FI</u>	<u>29 to 42</u>
<u>5Y4</u>	<u>SL</u>	<u>42 to 55</u>
<u>4Y4</u>	<u>SLC</u>	<u>55 to 72</u>
		<u>to</u>
		<u>to</u>
		<u>to</u>
		<u>to</u>
USDA SOIL SERIES: <u>95 sil gravelo la</u>		

SOIL PROFILE INFORMATION SITE 2

Munsell #/Color	Texture	Depth
<u>10YR 4/2</u>	<u>FS</u>	<u>0 to 10</u>
<u>5Y4</u>	<u>FS</u>	<u>10 to 26</u>
<u>6Y6</u>	<u>FI</u>	<u>26 to 46</u>
<u>5Y6</u>	<u>SL</u>	<u>46 to 59</u>
<u>4Y7</u>	<u>SLC</u>	<u>59 to 72</u>
		<u>to</u>
		<u>to</u>
		<u>to</u>
		<u>to</u>
USDA SOIL SERIES: <u>95 sil gravelo la</u>		

OBSERVED WATER TABLE: 272 INCHES [ABOVE / ~~BELOW~~] EXISTING GRADE. TYPE: [PERCHED / ~~APPARENT~~]  
ESTIMATED WET SEASON WATER TABLE ELEVATION: 272 INCHES [ABOVE / ~~BELOW~~] EXISTING GRADE.  
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTILING: ☐ YES ☒ NO DEPTH: 5 INCHES  
SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: SL (.9) DEPTH OF EXCAVATION: 5 INCHES  
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY) \_\_\_\_\_  
REMARKS/ADDITIONAL CRITERIA: \_\_\_\_\_

SITE EVALUATED BY: J. Brown DATE: 8-17-06

**INSTRUCTIONS:**

**PERMIT NUMBER:** Permit tracking number by County Health Department.

**APPLICANT:** Property owner's full name.

**AGENT:** Property owner's legally authorized representative.

**LOT, BLOCK, SUBDIVISION:** Lot, block, and subdivision for lot.

**PROPERTY ID NUMBER:** 27 character number for property (property appraiser ID number or section/township/range/parcel number).

**PROPERTY SIZE:** Check if property at site conforms to submitted site plan. Record net usable area available - lot area exclusive of all paved areas and prepared road beds within public rights-of-way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water.

**SEWAGE FLOW:** Record the estimated sewage flow for the establishment from Table 1 (residence) or Table 2 (non-residential), Chapter 10D-6, FAC. Record the authorized sewage flow for the lot based on net usable area and water supply (1500 gallons per day per acre for private water supplies and 2500 gpd per acre for public water supplies). If authorized sewage flow does not equal or exceed the estimated sewage flow, the application must be denied.

**UNOBSTRUCTED AREA:** Record the square feet of unobstructed area available and the amount required. Unobstructed area must be at least 2 times as large as the drainfield absorption area and at least 75 percent of the unobstructed area must meet minimum setbacks in Chapter 10D-6, FAC. The unobstructed area must be contiguous to the drainfield.

**BENCHMARK INFORMATION:** Record the location of the benchmark. If using a surveyor's benchmark record the actual elevation. Record the elevation of the proposed system site in relation (above or below) to the benchmark.

**MINIMUM SETBACKS:** Record minimum setbacks which can be met to all listed features. Actual measurements must be recorded or "NA" for nonapplicable features. Features on site plan or within 75 feet of the applicant lot must be measured. The location of any public drinking well within 200 feet of the applicant's lot must also be verified.

**FLOOD INFORMATION:** Record information on lot's subject to flooding. For lots subject to flooding record 10 year flood elevation for site and actual site elevation.

**SOIL PROFILE INFORMATION:** Two soil profiles within the proposed absorption area to a minimum depth of 6 feet or refusal are required. Soil identification will use USDA Soil Classification methodology (Munsell colors and USDA soil textures). Refusals must be clearly documented. Provide USDA soil series if available, record "UNK" if the series cannot be determined.

**WATER TABLE:** Record the depth of the observed water table at the time of the evaluation. Mark "perched" or "apparent" as appropriate. Record the estimated wet season water table elevation based on site evaluation, USDA soil maps, and historical information. Indicate if there is high water table vegetation present. Indicate if mottling is present and depth.

**SOIL TEXTURE:** Record soil texture or loading rate for system sizing.

**DEPTH OF EXCAVATION:** If applicable record depth of excavation required. Record "NA" if not applicable.

**DRAINFIELD CONFIGURATION:** Check drainfield configuration required. If other, specify type.

**ADDITIONAL CRITERIA:** Record any additional remarks pertinent to site or installation. Ex. dosing required.

**SITE EVALUATED BY:** Signature of evaluator, title, and date of evaluation. Professional engineers must seal all documents submitted.

**ELEVATION WORKSHEET**

ELEVATION OF BENCHMARK / REFERENCE POINT IS: \_\_\_\_\_

BENCHMARK \_\_\_\_\_

[ + ] SHOT \_\_\_\_\_

H.I. \_\_\_\_\_

SITE 1 \_\_\_\_\_

H.I. \_\_\_\_\_

[ - ] SHOT \_\_\_\_\_

SITE 2 \_\_\_\_\_

H.I. \_\_\_\_\_

[ - ] SHOT \_\_\_\_\_

SITE 3 \_\_\_\_\_

H.I. \_\_\_\_\_

[ - ] SHOT \_\_\_\_\_



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

PERMIT #

7-591-06

APPLICANT:

ACHA

CONTRACTOR / AGENT:

Myers

LOT:

16

BLOCK:

11

SUBDIV:

Trickle Hills

ID#

04974-008-00

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 ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

EXISTING TANK INFORMATION

[ ]	GALLONS SEPTIC TANK/GPD ATU	LEGEND:	MATERIAL:	BAFFLED: [Y / N]
[ ]	GALLONS SEPTIC TANK/GPD ATU	LEGEND:	MATERIAL:	BAFFLED: [Y / N]
[ ]	GALLONS GREASE INTERCEPTOR	LEGEND:	MATERIAL:	
[ ]	GALLONS DOSING TANK	LEGEND:	MATERIAL:	# PUMPS: [ ]

I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON 1/1/, HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, AND HAVE A [ SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE ] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR

BUSINESS NAME

DATE

EXISTING DRAINFIELD INFORMATION

[ ]	SQUARE FEET PRIMARY DRAINFIELD SYSTEM	NO. OF TRENCHES [ ]	DIMENSIONS: <u>X</u>
[ ]	SQUARE FEET	SYSTEM NO. OF TRENCHES [ ]	DIMENSIONS: <u>X</u>
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 <u>30</u> INCHES [ ABOVE / <u>BELOW</u> ]		

SYSTEM FAILURE AND REPAIR INFORMATION

[ 1967 ]	SYSTEM INSTALLATION DATE	TYPE OF WASTE [X] DOMESTIC [ ] COMMERCIAL
[ 300 ]	GPD ESTIMATED SEWAGE FLOW BASED ON	[X] 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 no sewage nuisance / could not probe drainfield / fallen tree covering drainfield

SUBMITTED BY:

J. Brown

TITLE/LICENSE

EST

DATE:

8-17-06

# FLORIDA DEPARTMENT OF HEALTH TANK CERTIFICATION

Jeb Bush  
Governor

Robert G Brooks  
Secretary

Applicant Name: Alachua County Housing Authority Permit: \_\_\_\_\_

Contractor/Agent: Myers Bros Inc.

Property Address: 13591 SW 156th Terr

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

## EXISTING TANK INFORMATION

TO BE COMPLETED BY A FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON, COMPLETE AND SIGN TANK CERTIFICATION BELOW AND COMPLETE AND SIGN ALL OTHER APPLICABLE ITEMS.

Gallons 900 Inside Length 111 inches Inside width 40 inches Inside Depth 47 inches

Legend N/A Baffled (Y) (N) Septic Tank/OPD ATU Material: Precast ☒ Block \_\_\_\_\_ Brick \_\_\_\_\_ Fiberglass \_\_\_\_\_

I CERTIFY THAT THE ABOVE SEPTIC TANK(S) WERE PUMPED ON 9/1/06 HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, AND HAVE A (SOLIDS DEFLECTION DEVICE/OUTLET/FILTER DEVICE) INSTALLED.

Kyle Myers  
SIGNATURE OF LICENSE CONTRACTOR  
DATE

Myers Bros, Inc.  
BUSINESS NAME

## Other Information

Yes No

Drainfield is working: ☒ Okay \_\_\_\_\_ Weak \_\_\_\_\_ Failing \_\_\_\_\_

Does tank have a bottom? ☒

Does tank have a baffle wall? ☒

Does tank hold water to the outlet level? ☒

Is the water above the outlet level? ☒

Does tank have any obvious defects? ☒

Does lid have any obvious defects? ☒

Does tank have an outlet filter? ☒

Does tank have a solids deflection device (describe) outlet tee

What is the shape of the tank? (Describe) Oval square rectangular precast round end other

REMARKS: ADDITIONAL CRITERIA:

New D/E

ALACHUA COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH 352-334-7930  
224 N.E. 24<sup>TH</sup> AVE/P.O. BOX 1327 / GAINESVILLE, FL 32602



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

PERMIT NO. 7-591-06  
DATE PAID: 7-31-06  
FEE PAID: 215.00  
RECEIPT #: 3309

CONSTRUCTION PERMIT FOR:

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

APPLICANT: Alachua County Housing Authority

PROPERTY ADDRESS: 13591 SW 156th Terr.

LOT: 16 BLOCK: 11 SUBDIVISION: Tristler Hill

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
[OR TAX ID NUMBER]

PROPERTY ID #: 04974-005-00

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T 900 GALLONS GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES ☐  
A - GALLONS GPD CAPACITY MULTI-CHAMBERED/IN-SERIES ☐  
N - GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]  
K - GALLONS DOSING TANK CAPACITY ☐ GALLONS @ ☐ DOSES PER 24 HRS # PUMPS ☐

D 225 SQUARE FEET PRIMARY DRAINFIELD SYSTEM Table VI  
R - SQUARE FEET SYSTEM

A TYPE SYSTEM: ☒ STANDARD ☐ FILLED ☐ MOUND ☐

I CONFIGURATION: ☒ TRENCH ☐ BED ☐

N  
F LOCATION OF BENCHMARK: rail in 4x4 post next to 517

I ELEVATION OF PROPOSED SYSTEM SITE 24 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE 54 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: - INCHES EXCAVATION REQUIRED: - INCHES

O If existing tank is to be used it must be pumped & certified by a licensed septic contractor  
T in Alachua County a tank may be 2600 gallons a CHD recommends installing  
H 3341 sq ft of drainfield  
E The licensed contractor is responsible for determining and installing the correct  
R category of treatment receptacle based on wet season water table conditions in  
the installation area.

SPECIFICATIONS BY: [Signature] TITLE: ESI

APPROVED BY: [Signature] TITLE: Env. Mgr. Alachua CHD

DATE ISSUED: 8-17-06 EXPIRATION DATE: 11-17-06



10-27-06

**INSTRUCTIONS:**

**PERMIT NUMBER:** Permit tracking number assigned by CPHU.

**CONSTRUCTION PERMIT FOR:** Check type of permit, if "Other" specify type in blank.

**APPLICANT:** Property owner's full name.

**TELEPHONE:** Telephone number for applicant or agent

**AGENT:** Property owner's legally authorized representative.

**MAILING ADDRESS:** P.O. Box or street mailing address for applicant or agent.

**LOT, BLOCK, SUBDIVISION or  
PROPERTY ID#:** 27 character id number for property. (CHD may require property appraiser ID # or section/township/range/parcel number)

**SYSTEM DESIGN AND  
SPECIFICATIONS:**

**TANK:** Minimum specifications from Chapter 64E-6, FAC.

**DRAINFIELD:** Minimum specifications from Chapter 64E-6, FAC.

**OTHER:** Other specifications, such as operating permit requirements, low-volume flush toilets, variance provisos.

**SPECIFICATIONS BY:** Name of individual providing specifications. If designed by a registered engineer must be sealed.

**APPROVED BY:** County Health Department (CHD) personnel reviewing and approving permit.

**DATE ISSUED:** Date permit is issued by CHD

**EXPIRATION DATE:** One year from date issued if the system has not been installed. Permits for system repairs become void 90 days from the date issued.





PERMIT NO. 07-591-06  
DATE PAID: 7.31.6  
FEE PAID: 215.00  
RECEIPT #: 3304

**APPLICANT:**

**AGENT:**

**PROPERTY ADDRESS:**

LOT: 16

BLOCK: MA

**SUBDIVISION:**

Thistle Hills East PR

PROPERTY ID #:

04974-005-000

Jones

CHECKED ☒ ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

## TANK INSTALLATION

- |     |      |                 |          |     |  |
|-----|------|-----------------|----------|-----|--|
| [ ] | [01] | TANK SIZE [1]   | 750      | [2] |  |
| [ ] | [02] | TANK MATERIAL   | Concrete |     |  |
| [ ] | [03] | OUTLET DEVICE   | outlet T |     |  |
| [ ] | [04] | MULTI-CHAMBERED | Y/N      |     |  |
| [ ] | [05] | OUTLET FILTER   | N/A      |     |  |
| [ ] | [06] | LEGEND          | sketch   |     |  |
| [ ] | [07] | WATERTIGHT      |          |     |  |
| [ ] | [08] | LEVEL           |          |     |  |
| [ ] | [09] | DEPTH TO LID    |          |     |  |

## SETBACKS

- |     |      |                     |          |    |
|-----|------|---------------------|----------|----|
| [ ] | [27] | SURFACE WATER       | _____    | FT |
| [ ] | [28] | DITCHES             | _____    | FT |
| [ ] | [29] | PRIVATE WELLS       | _____    | FT |
| [ ] | [30] | PUBLIC WELLS        | _____    | FT |
| [ ] | [31] | IRRIGATION WELLS    | _____    | FT |
| [ ] | [32] | POTABLE WATER LINES | _____ 35 | FT |
| [ ] | [33] | BUILDING FOUNDATION | _____ 5  | FT |
| [ ] | [34] | PROPERTY LINES      | _____ 5  | FT |
| [ ] | [35] | OTHER               | _____    | FT |

## DRAINFIELD INSTALLATION

- |     |      |  |
|-----|------|--|
| [ ] | [10] | AREA [1] <u>288</u> [2] <u>336</u> SQFT  |
| [ ] | [11] | DISTRIBUTION BOX _____ HEADER _____      |
| [ ] | [12] | NUMBER OF DRAINLINES <u>2</u>            |
| [ ] | [13] | DRAINLINE SEPARATION _____               |
| [ ] | [14] | DRAINLINE SLOPE <u>&gt; 0.1%</u>         |
| [ ] | [15] | DEPTH OF COVER _____                     |
| [ ] | [16] | ELEVATION [ABOVE/BELOW] BM <u>58</u>     |
| [ ] | [17] | SYSTEM LOCATION <u>SEE PLAN</u>          |
| [ ] | [18] | DOSING PUMPS <u>N/A</u>                  |
| [ ] | [19] | AGGREGATE SIZE _____                     |
| [ ] | [20] | AGGREGATE EXCESSIVE FINES <u>&gt; 1%</u> |
| [ ] | [21] | AGGREGATE DEPTH _____                    |

**FILLED / MOUND SYSTEM**

- [ ] [36] DRAINFIELD COVER
- [ ] [37] SHOULDERS
- [ ] [38] SLOPES
- [ ] [39] STABILIZATION
- > n/m

**FILL / EXCAVATION MATERIAL**

- |     |      |                      |   |      |
|-----|------|----------------------|---|------|
| [ ] | [22] | FILL AMOUNT          | } | n=10 |
| [ ] | [23] | FILL TEXTURE         |   |      |
| [ ] | [24] | EXCAVATION DEPTH     | } | n=12 |
| [ ] | [25] | AREA REPLACED        |   |      |
| [ ] | [26] | REPLACEMENT MATERIAL |   |      |

### ADDITIONAL INFORMATION

- |     |      |                                  |                            |
|-----|------|----------------------------------|----------------------------|
| [ ] | [40] | UNOBSTRUCTED AREA                | OK                         |
| [ ] | [41] | STORMWATER RUNOFF                | OK                         |
| [ ] | [42] | ALARMS                           |                            |
| [ ] | [43] | MAINTENANCE AGREEMENT            |                            |
| [ ] | [44] | BUILDING AREA                    | OK                         |
| [ ] | [45] | LOCATION CONFORMS WITH SITE PLAN | OK                         |
| [ ] | [46] | FINAL SITE GRADING               | OK                         |
| [ ] | [47] | CONTRACTOR                       | <u>James</u>               |
| [ ] | [48] | OTHER                            | <u>QTYE Q16 Fertilizer</u> |

## ABANDONMENT

- ☒ [49] TANK PUMPED 9/1/86  
☐ [50] TANK CRUSHED & FILLED STET

## EXPLANATION OF VIOLATIONS / REMARKS:

- 16 - met existing elevation of drill field  
10 - added additional drill field to end of lines. 9 chambers 9-13-06

CONSTRUCTION [APPROVED/DISAPPROVED]:

*[Signature]*

9/22/25 CHD

DATE: 7-10-68

**FINAL SYSTEM [APPROVED/DISAPPROVED]:**

*[Signature]*

A/9C/45 CHD

DATE: 12/1/82

9/4/06

17607

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)

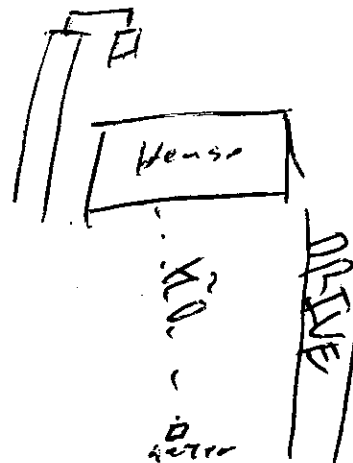
CONTRACTOR (contractor installing system)

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

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

□





STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

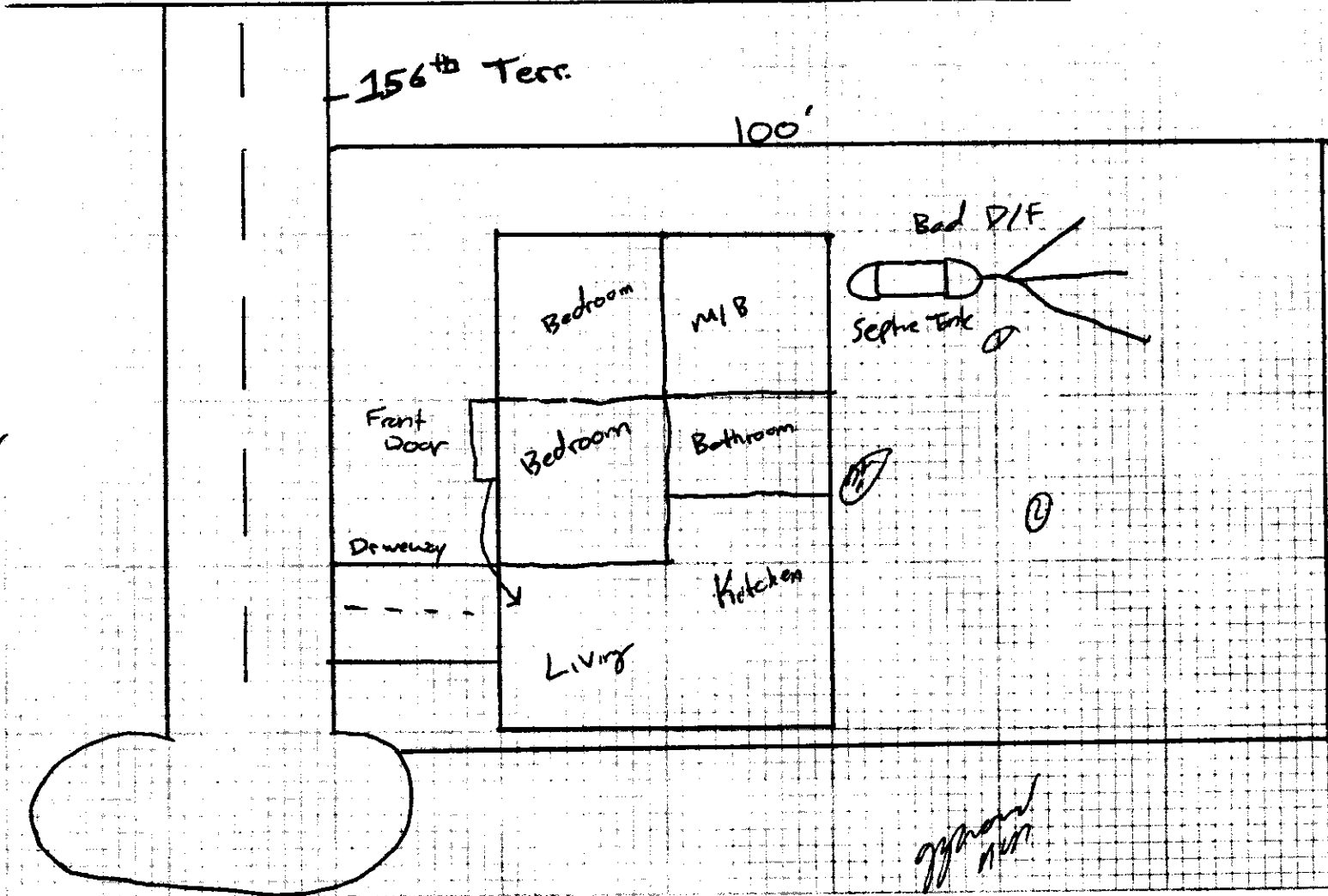
Permit Application Number 07-591-06

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.

NO

C.R. 346



Notes: S

Site Plan submitted by: Kyle Myers Signature \_\_\_\_\_ Title \_\_\_\_\_

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



Jeb Bush  
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.  
Secretary

RE: On-Site Sewage Treatment and Disposal System Construction Inspection and Final Approval.

Dear Sir / Madam:

On 8-30-06, an inspection was conducted on your property for Permit # 7-591-C6. The Construction or Final Approval for this system was not issued because the following was / were noted. This / These item(s) will need to be resolved before this department can grant Final Approval.

- |  |   |
|--|---|
| <input type="checkbox"/> Private well not installed.               | <input type="checkbox"/> Mound / Filled system needs stabilization. |
| <input type="checkbox"/> Bldg. not installed.                      | <input type="checkbox"/> Need audio / visual alarm installed.       |
| <input type="checkbox"/> Bldg. does not match floor plans.         | <input type="checkbox"/> Need storm water run-off control.          |
| <input type="checkbox"/> H2O line not hooked up or marked.         | <input type="checkbox"/> Need 911- Address.                         |
| <input type="checkbox"/> H2O line does not meet required setbacks. | <input type="checkbox"/> Need property (tax) ID #.                  |
| <input type="checkbox"/> System does not meet required setbacks.   | <input checked="" type="checkbox"/> Need Tank Certification.        |
| <input type="checkbox"/> Property lines not clearly marked.        | <input type="checkbox"/> Other.                                     |

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The items mentioned above need to be resolved as soon as possible before a final approval can be granted. If this department has to return to the site a \$50.00 re-inspection fee will ☐ will not ☒ be charged.

When completed or if there should be any questions, please contact the Environmental Section of the Alachua County Health Department at 352-334-7930.

Sincerely,

  
Barry Brown  
Environmental Specialist I



#07-571-06

Jeb Bush  
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.  
Secretary

**Please ensure the following items are included with your application. Failure to do so may result in additional fees or delays in processing your permit.**

**Complete Application including:**

- ☐ Property/Tax ID #.
- ☐ Signature and date on Application.

**Complete Application Acknowledgement & Check List:**

- ☐ Owner agreement for representative.
- ☐ Nearest intersection and directions to property.
- ☐ Signature and date on Acknowledgement.

**Completed Plan Addendum:**

- ☐ Answer questions about your property.
- ☐ Indicate features on Site Plan based on questions.
- ☐ Signature and date on Plan Addendum.

**Complete Floor Plans of home and/or addition Existing and Proposed.**

**Other:**

- ☐ Legal description if not in a subdivision.
- ☐ Owner agreement for private evaluator.
- ☐ Annual Operating Permit/Business Survey.

**Complete Site Plan drawn to scale showing boundaries with dimension including:**

- ☐ Location of all residences and/or buildings.
- ☐ Swimming pools.
- ☐ Recorded easements.
- ☐ Location of both the septic tank and drainfield existing or proposed.
- ☐ Location of any existing or proposed wells and H2O lines.
- ☐ Drainage features.
- ☐ Filled areas.
- ☐ Obstructed areas.
- ☐ Surface waters.
- ☐ Other pertinent facilities or features on adjacent property within 75 feet of applicant lot.

**Site clearly marked or flagged. Sites not flagged will be charged \$50.00.**

**For Repair and Existing Permits:**

- ☐ Original Permit.
- ☐ Tank Certification.

Once you receive your permit, you are responsible for delivering a copy to:

1. Alachua County Building Department, located at 120 S Main St. Gainesville (except repair permits).
2. Your septic contractor.

Once your permit has received an approval of the final inspection, a copy will be mailed to you and a copy will be delivered to the Alachua County Building Department. For questions please call our office at 352-334-7930 or mail correspondence to:

Alachua County Health Department  
Environmental Health Section  
PO Box 1327  
Gainesville, FL 32641

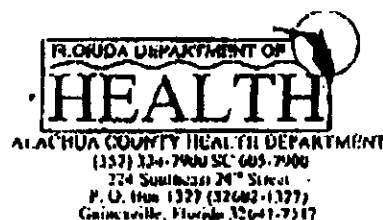
**For Office Use Only:**

This application for an Onsite Sewage Treatment and Disposal Permit # 7-591-06 ☒ Has been found to be completed on: 8-17-06 ☐ is not complete due to the following reasons checked above.

Remarks: \_\_\_\_\_

The items mentioned above need to be completed and/or submitted to this office in order that we may process your application. If you have any questions, please contact Alachua Co. Health Dept. at 352-334-7930

[ ] Applicant / Agent was notified by phone on: [ ] date \_\_\_\_\_ (initials)  
[ ] Applicant / Agent was mail a copy of this form on: [ ] date \_\_\_\_\_ (initials)



07-591-06

## Onsite Sewage and Treatment and Disposal System Application

## Acknowledgement &amp; Check List

Please use the checklist on the back of this page to make sure you have provided our office with everything that is needed to process your application. A completed application, floor plans and accurate site plan are required. Part of the permitting process requires a DOH inspector to perform soil evaluations at the site. Soil borings are considered excavations and F.S. require us to contact the underground facility owners to locate them. This cannot be completed without the nearest intersection and the distance in miles from the intersection to the physical address of the site included on the application. Please complete this section.

Nearest intersection within 1/2 mile

The nearest intersection to my property is: CR 346 and SW 15th Ter.

This intersection is within 1/2 mile ☒ yes ☐ no. If no, it is  miles from my property.

If the owner of a property uses an authorized representative or contractor, not licensed under Chapter 475, to act as an agent and obtain a new system construction permit, a signed statement from the owner of the property assigning authority to the representative to act on the owner's behalf shall accompany the application. One is provided below.

## Owner Agreement for Representation

I, Alachua Co. Housing Authority, assign authority to Myers Bros Inc. to act on my behalf in all aspects of the Onsite Sewage Treatment and Disposal System or Well permit application.

Hale Moss  
Signature

7/27/06  
Date

If we cannot process your application for any reason, a copy of this letter will be mailed to the address on application with the deficiencies that are marked on the back of this page. Please sign the acknowledgement that you have read and understand the application requirements.

## Acknowledgement

I have read and understand this application check off list and that any deficiencies could result in a delay in receiving a permit:

Signature

Date

By  
Signature

---OVER---

John O. Agnew, III

Robert G. Brooks, M.D.  
Secretary

STA# 07-591-06

In order for your application to be processed, the following must be completed, signed, dated, and attached to your site plan.

- 1) Is your lot sloped? Yes ☐ No ☒
- 2) Are there any public wells on or within 200 ft. of your lot? Yes ☐ No ☒
- 3) Are there any existing or proposed wells on or within 100 ft. of your lot? Yes ☐ No ☒
- 4) Are there any easements on your lot? Yes ☐ No ☒
- 5) Are there any drainage features (ie. ditches, swales, retention areas) on or within 75 ft. of your lot? Yes ☒ No ☐
- 6) Are there any surface waters on or within 75 ft. of your lot? Yes ☐ No ☒
- 7) Are there any underground utilities (ie. water, electric, gas, or cable lines) on or proposed on your lot? Yes ☒ No ☐
- 8) Are there any septic systems on or within 100 ft. of your lot? Yes ☒ No ☐
- 9) Are there any obstructed areas (ie. driveways, slabs) existing or proposed on your lot? Yes ☒ No ☐

If you answered yes to any of the above questions, those features are required to be indicated on your site plan with distances from the featured proposed septic system noted.

Signature

*Walter M. Jones*

Date

7/31/06

&gt;

Create Another Ticket

Back to Irth Internet

Send Email

# • YOUR TICKET NUMBER IS 226607721.

Ticket : 226607721 Rev:000 Taken: 08/14/06 11:44ET

State: FL Cnty: ALACHUA GeoPlace: ARCHER  
 CallerPlace: ARCHER  
 Subdivision: THISTLE HILLS-EAST Lot: 16

Address : 13591  
 Street : SW 156TH ST  
 Cross 1 : COUNTY ROAD 346  
 Within 1/4 mile: Y

Locat: ENTIRE PROPERTY

:  
 Remarks : TAKE ARCHER ROAD TO ARCHER. TURN LEFT ON SR-45 GO ABOUT ONE MILE  
 TURN LEFT BY POST OFFICE ON CR 346 GO ABOUT 2 MILES TURN RIGHT INTO THISTLE  
 HILLS EAST.

\*\*\* LOOKUP BY MANUAL \*\*\*

:  
 Grids : 2932B8230B 2932A8230B

Work date: 08/16/06 Time: 23:59ET Hrs notc: 060 Category: 3 Duration: 01 HR  
 Due Date : 08/16/06 Time: 23:59ET Exp Date : 09/05/06 Time: 23:59ET  
 Work type: SEPTIC REPAIR Boring: N White-lined: N  
 Ug/Oh/Both: U Machinery: N Depth: 6 FT. Permits: Y 07-591-06  
 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 : DONNA HARRIS Phone: 352-334-7930  
 Contact : BARRY BROWN Phone: 352-334-7930 Ext: 7939  
 BestTime: 8AM-5PM  
 Fax : 352-334-7935  
 Email : DONNA\_HARRIS@DOH.STATE.FL.US

Submitted: 08/14/06 11:44ET Oper: DON Chan: WEB  
 Mbrs : AC1095 CLAY05 COA881 PE1371 SBF08 LS1104 ST1259

Service Area	Contact	Phone Number	Utility Type
AC1095 ADELPHIA CABLE COMMUNICATIONS	HAL PREIST	Day: 3526370123 Alt: Emerg:	CABLE TV
		Day: 9042967754	



CLAY05 CLAY ELECTRIC GAINESVILLE  
DISTRICT

CATHY WHITE\*\*

Alt:  
Emerg:

ELECTRIC

COA881 CITY OF ARCHER

Martha Mahalick

Day: 3524952880

Alt:  
Emerg:

UNKNOWN

PE1371 PROGRESS ENERGY FLORIDA

CENTRAL LOCATING  
SERVICES\*\*

Day: 8007789140

Alt:  
Emerg:

SBF08 BELLSOUTH GAINESVILLE  
MAIN

MICHAEL BROWN

Day: 3523365508

Alt:  
Emerg:

TELEPHONE

Search Date: 8/17/2006 at 4:41:41 PM - Data updated: 08/13/06 Parcel: 04974-005-000

<b>Taxpayer:</b>	ALACHUA COUNTY HOUSING AUTHORITY	<b>Legal:</b>	THISTLE HILLS EAST PB H-27 LOT 5 OR 804/350
<b>Mailing:</b>	703 NE 1ST ST GAINESVILLE, FL 32601		
<b>Location:</b>	13591 SW 156TH TER Archer		
<b>Sec-Twn-Rng:</b>	16-11-18		
<b>Use:</b>	SINGLE FAMILY		
<b>Tax Jurisdiction:</b>	Archer		
<b>Area:</b>	CITY OF ARCHER		
<b>Subdivision:</b>	THISTLE HILLS EAST		
<b>Current Values</b>			
<b>Land</b>	<b>Building</b>	<b>Misc</b>	<b>Total</b>
7000	49300	100	56400
			<b>SOH Deferred</b>
			0
			<b>Assessed</b>
			56400
			<b>Exempt</b>
			56400
			<b>Taxable</b>
			0

## Assessment History

Year	Use	Land	Building	Misc	Total	SOH Deferred	Assessed	Exempt	Taxable	Taxes
2005	SINGLE FAMILY	1000	45600	100	46700	0	46700	46700	0	0
2004	SINGLE FAMILY	1000	38000	100	39100	0	39100	39100	0	0
2003	SINGLE FAMILY	1000	36000	100	37100	0	37100	37100	0	0
2002	SINGLE FAMILY	1000	33500	100	34600	0	34600	34600	0	0
2001	SINGLE FAMILY	1000	29900	100	31000	0	31000	31000	0	0
2000	SINGLE FAMILY	1000	28700	100	29800	0	29800	29800	0	0
1999	SINGLE FAMILY	1000	27900	100	29000	0	29000	29000	0	0
1998	SINGLE FAMILY	1000	25900	100	27000	0	27000	27000	0	0
1997	SINGLE FAMILY	1000	25100	100	26200	0	26200	26200	0	11.84
1996	SINGLE FAMILY	1000	21000	100	22100	0	22100	22100	0	0
1995	SINGLE FAMILY	1000	21000	100	22100	0	22100	22100	0	0

## Land

Use	Zoning	Acres
SFR	R-2	0
Current Land Value: 7000		

## Building

<b>Actual Year Built</b>	1967	<b>Area Type</b>	<b>Square Footage</b>
<b>Effective Year Built</b>	1967	BASE AREA (BAS)	1052
<b>Use:</b>	SINGLE FAMILY	FINISHED OPEN PORCH (FOP)	65
<b>Bedrooms:</b>	3	<b>Heated Area: 1052 Total Area: 1117</b>	
<b>Baths:</b>	1		
<b>Stories:</b>	1		
<b>Exterior Wall:</b>	CONCRETE BLOCK		
<b>AC:</b>	CENTRAL AIR		
<b>Heating:</b>	FORCED AIR DUCT		
Current Building Value: 49300			

## Miscellaneous

Description	Units
PAVING 1	250
Current Miscellaneous Value: 100	