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

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

PERMIT NO. 10-579-20
DATE PAID: 10/8/20
FEE PAID: 300.00
RECEIPT #: 75048985
AP 1583228
281007305

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: Res 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, FS? [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: _____ DATE: 10/7/2020

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

2

5 1/2

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

PERMIT # 10579 20

APPLICANT: Alachua County Housing Authority 17056 SW 141st Pl, Gainesville, FL

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

LOT: 4 BLOCK: _____ SUBDIV: Thistle 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 / N]
[750] 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 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 BUSINESS NAME Beltz Liquid Waste Management & Portable Toilets DATE 10/7/2020

EXISTING DRAINFIELD INFORMATION

[250] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [ ] DIMENSIONS: 9 x 28
[ ] 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 30 INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[67] SYSTEM INSTALLATION DATE TYPE OF WASTE [ ] DOMESTIC [ ] COMMERCIAL
[400] GPD ESTIMATED SEWAGE FLOW BASED ON [ ] 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 / RUN OFF [ ] ROOTS [ ] WATER TABLE [ ] _____

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

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: Jared Benton TITLE/LICENSE E5-11 DATE: 10-15-20

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

South 1/2

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

PERMIT #. 10-579-20

APPLICANT: Alachua Co Housing Authority AGENT: Beltz

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 6 S0 801 004 [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: _____ ACRES
TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]
AUTHORIZED SEWAGE FLOW: _____ GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 600 SQFT UNOBSTRUCTED AREA REQUIRED: 375 SQFT

BENCHMARK/REFERENCE POINT LOCATION: ~~next to ribbon~~ 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: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 30 FT

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [N] NO 10 YEAR FLOODING? [ ] YES [N] NO
10 YEAR FLOOD ELEVATION FOR SITE: NA FT MSL/NGVD SITE ELEVATION: NA 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 52
7.5yr 6/6	SL	52 TO 72
		TO
		TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: Arredondo

SOIL PROFILE INFORMATION SITE 2 - 18

MUNSELL #/COLOR	TEXTURE	DEPTH
10yr 5/2	FS	0 TO 10
6/4	FS	10 TO 48
6/6 5/4	~~FS~~ SL	48 TO 52
X 6/2	CMN DSTRF	52 TO 72
		TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: Bonneau Lake

OBSERVED WATER TABLE: 60 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 59 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: [ ] YES [X] NO MOTTLING: [X] YES [ ] NO DEPTH: ~~56~~ 52 INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Table IV DEPTH OF EXCAVATION: X INCHES
DRAINFIELD CONFIGURATION: [X] TRENCH [X] BED [ ] OTHER (SPECIFY)
REMARKS/ADDITIONAL CRITERIA: remove existing & install at or above existing
S. 1/2 of split system

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

10-579-20

PERMIT #: 01-SA-2184049
APPLICATION #: AP1583228
DATE PAID:
FEE PAID:
RECEIPT #:
DOCUMENT #: PR1454612

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

CONSTRUCTION PERMIT FOR: OSTDS Repair

APPLICANT: (Alachua County Housing Authority (South System))

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

LOT: 4 BLOCK: n/a 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 [250] SQUARE FEET replacement for 1/2 SYSTEM
R [0] SQUARE FEET SYSTEM
A TYPE SYSTEM: [x] STANDARD [ ] FILLED [ ] MOUND [ ]
I CONFIGURATION: [ ] TRENCH [x] 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 T H E R

permit based on replacing the existing amount of field as a bed 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. Install a new drainfield to achieve Drainfield size requirement.
ACHD encourages 400 ft² bed for full repair sizing, or a P.E. flow split @ .8 trench or .6 bed for new sizing standards.

SPECIFICATIONS BY: Fred L Bennett TITLE: Environmental Specialist II

APPROVED BY: Fred Bennett TITLE: Environmental Specialist II Alachua CHD
Fred L Bennett

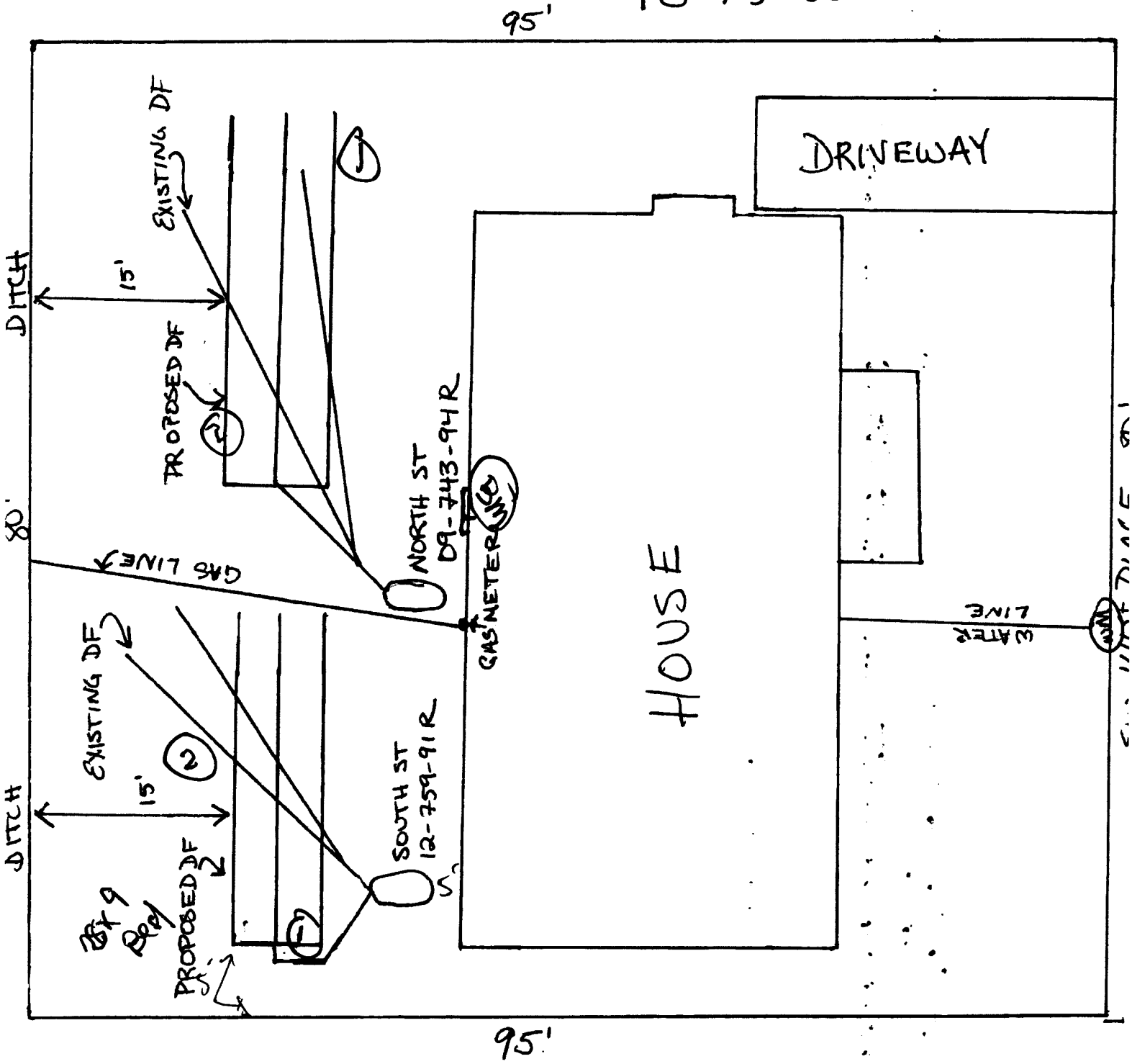
DATE ISSUED: 10/21/2020 EXPIRATION DATE: 01/19/2021

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

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

N↑

Site plan ok FB
10-15-20



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

THW Lot 4

05081-004-000

ACHA

Charlie Crist
Governor

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

Onsite Sewage and Treatment and Disposal System Application

Acknowledgement & 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; these soil borings are considered excavations and F.S. require us to contact the underground facility owners for your location. **This cannot be completed without the nearest intersection and the distance in miles from that intersection to the physical address of the site included on the application. Please complete this section**

Nearest intersection within ¼ mile

The nearest intersection to my property is: [SW 170th St] & [SW 141st Pl]

This intersection is within ¼ mile [X] 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 471, FS, 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 assign authority to to act on my behalf
In all aspects of the Onsite Sewage Treatment and Disposal System or Well permit application:

Signature **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. I also understand that the issuance or approval of any onsite sewage permit by the Alachua County Health Department does not relieve this property from the requirements or regulations of the County:

Signature **Date** 10/7/2020

ALACHUA COUNTY
PROPERTY APPRAISER
KNOWLEDGE · COMMITMENT · TEAMWORK · CUSTOMER FOCUS

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	$0
Taxable Value	$0	$0	$0	$0	$53,800
Maximum Save Our Homes Portability	$2,853	$0	$0	$0	$0

"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

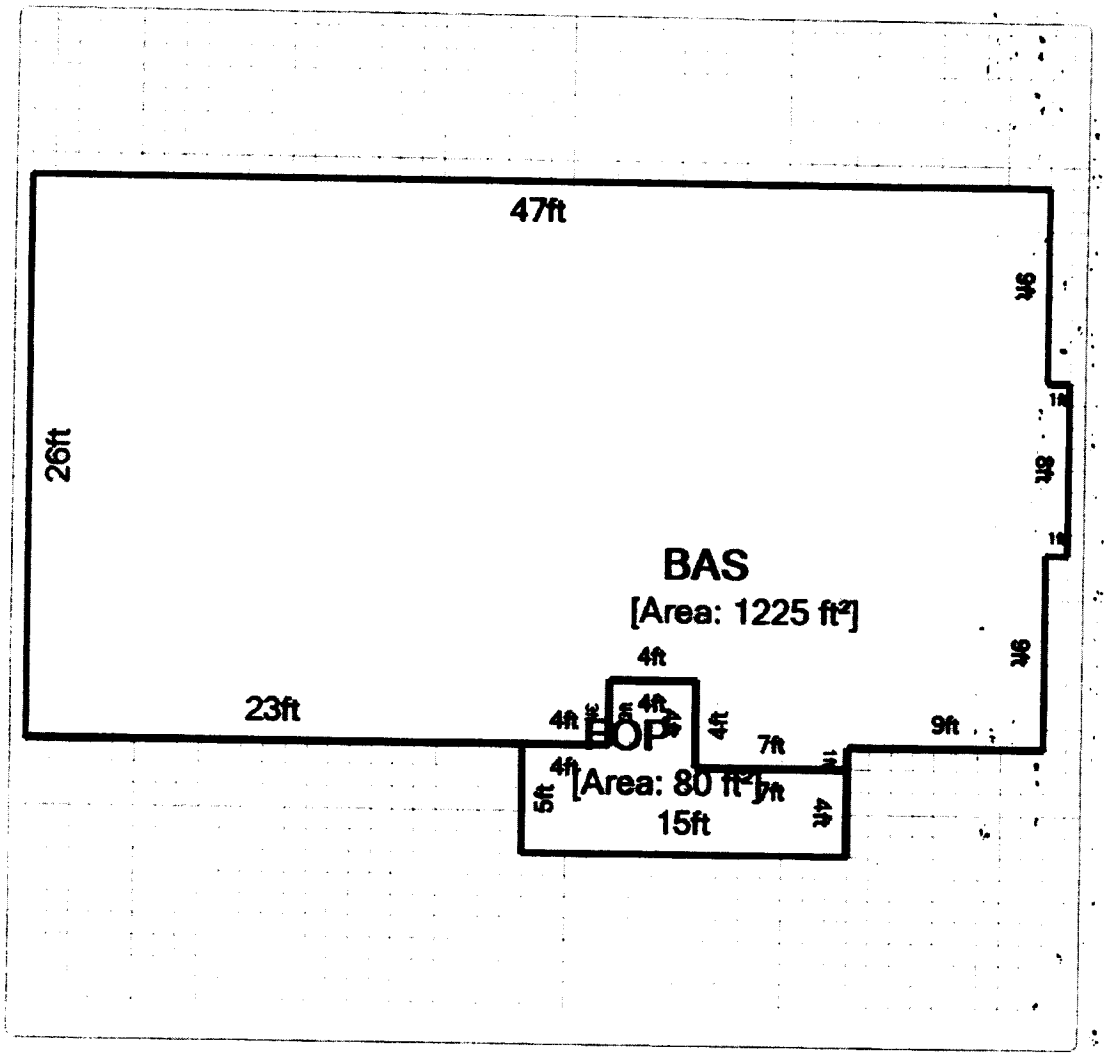
Type	SOH MISC	Heat	
Total Area	250	HC&V	
Heated Area		HVAC	
Exterior Walls		Bathrooms	
Interior Walls		Bedrooms	
Roofing		Total Rooms	
Roof Type		Stories	1.0
Frame		Actual Year Built	1967
Floor Cover		Effective Year Built	1967

Sub Area

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

Sketches



Map Download

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

No data available for the following modules: Extra Features, Sales, Photos.

Developed by Schneider GEOSPATIAL

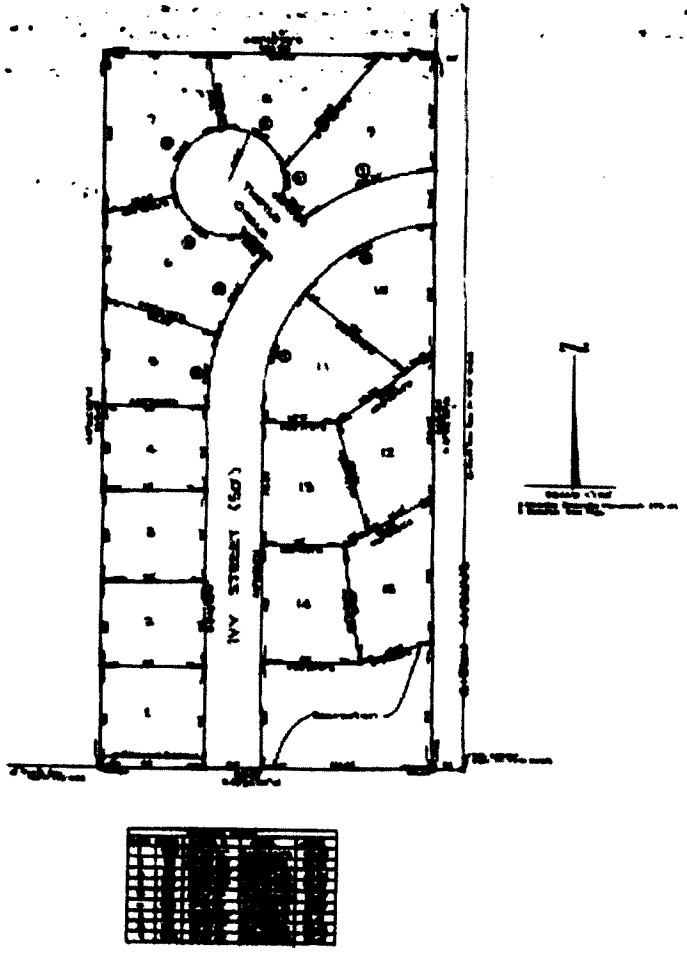
Last Data Upload: 10/6/2020, 11:35:41 PM

Version 2.3.88

THISTLE HILLS — WEST

IN THE SE 1/4 OF SECTION 17 - T 11 S - R 19 E
CITY OF ARCHER, ALACHUA COUNTY, FLORIDA

PLAT BOOK H PAGE 28



Florida HEALTH

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

PAYING ON: #: 01-SA-2184049 BILL DOC #: 1-BID-5048985 CONSTRUCTION APPLICATION #: AP1583228

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 (South System))**

FACILITY NAME :

PROPERTY LOCATION:

17056 SW 141st Pl
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

RECEIVED BY: CribbsTL2 AUDIT CONTROL NO. 1-PID-4747617

Note: repair permit 10-579-20;Beltz emailed app

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

Authority: Chapter 381, FS
Chapter 10D-6, FAC

Applicant AL. CO. HOUSING AUTHORITY

Permit Number 12-~~757~~ 759-91R

PART I - SYSTEM CONSTRUCTION SPECIFICATIONS AND CONSTRUCTION APPROVAL

	Treatment Tank		Minimum Drainfield Size	OR	Minimum Absorption Bed Size
Septic tank or aerobic unit 1050 OR EXISTING IF FUNCTIONAL *	Grease interceptor ____ gallons		~~200~~ 300 Square Feet (TS) 12/20/91		250 Square Feet
Septic tank or aerobic unit ____ gallons	Dosing tank ____ gallons		____ Square Feet		____ Square Feet
Graywater tank ____ gallons			____ Square Feet		____ Square Feet
Laundry waste tank ____ gallons			____ Square Feet		____ Square Feet

Other Requirements:

(a) Installation must be in accord with requirements of chapter 10D-6, FAC.
(b) A system construction permit is valid for a period of one calendar year from date of issue.
(c) Final installation inspection and approval is required before the system is covered.
(d) Invert of stub-out for D-BOX to be 12-24" BELOW NATURAL GRADE ~~benchmark~~.
Invert of stub-out for ____ to be OR ____ benchmark.
Invert of stub-out for ____ to be 14-26" BELOW ____ benchmark.
Invert of stub-out for ____ to be ____ benchmark.

(e) Fill quality and quantity:
* DUAL septic tank system - split flow / drainfield 200 ft² - will install in bed - absorp bed size to be 250 ft². (TS) As per Donald Fl - Septic 12/20/91

(f) Other: EHWT 60"
600 GPD MAX DF CAP
2.0 G/FT²/D

System design and specifications by: ____ Title ____

Construction authorized by: Dennis Chesky Date 12/11/91

ALACHUA County Public Health Unit

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

17-11-18

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

Authority: Chapter 381, FS
Chapter 10D-6, FAC

Date of Application 12/9/91 Permit Application Number 12-7591R

PART I - APPLICATION

Name of Owner Alachua County Housing Telephone Number 372-2549

Mailing Address of Owner 636 N.E 1st. Gainesville, FL. 32601

Owner's Agent Alach. County Housing Builder

Agent's Mailing Address DOROTHY YARBER Telephone No.

Property Street Address ~~Lot #4~~ 140 Thisle (PROJECT) Hills West, Archer

Lot No. 4 Block No. 140 Subdivision THW Date Subdivided 1971

NOTE: IF NOT IN A SUBDIVISION ATTACH A METES AND BOUNDS DESCRIPTION

This Application is for: New System ____ Repair ✓ Existing System ____

Type of Establishment	Sewage Flow (Gallons per day)	Sewage Flow Based On
12/10/91 NO FLAG, ADDRESS? (DC)		
House built about		
	30 years ago.	

TOTAL FLOW = ~ 14,000 FT² ~ .32 ACRE

Type of Residential	No. Bedrooms (each dwelling unit)	Heated or Cooled Area (each dwelling unit)	No. Dwelling Units	Sewage Flow (Gallons per day)
SFD	4 Bedroom	1625 ft²	1	450
		ft²		

Exact Directions to Property Hwy 24 to Archer, left at light, PAST Right at Fire Station to Stop Sign left 1/4-1/2 mile on Right. 2415

AUDIT CONTROL № 232877 Applicant's Signature John Hanson

no charge County

HRS-H Form 4015, Feb 85 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4015-1)

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

Repair
10/12

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

WW 12/30 2:55 Ellen ~~AS~~ @ 3:00 12/31

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

Applicant Alachua County Housing Permit Number 12-759-91R

PART II - SYSTEM INSTALLATION INSPECTION AND FINAL INSTALLATION APPROVAL

Installer Florida Septic Tank Manufacturer _____

Proper tank legend: Yes ____ No ____ EXISTING Tank material _____ Tank level: Yes ____ No ____

Tanks watertight: Yes ____ No ____ Tank size: ____ gallons ____ gallons ____ gallons

Proper tank outlet device: Yes ____ No ____ Manhole or marker to grade: Yes ____ No ____

Drainfield Trench				Absorption Bed
Length	Width	Length	Width	Length 28 feet x 9 feet = 250 ft²
____ feet	____ feet	____ feet	____ feet	Length ____ feet x ____ feet = ____ ft²
____ feet	____ feet	____ feet	____ feet	Proper No. drainlines: Yes ✓ No ____
____ feet	____ feet	____ feet	____ feet	Proper pipe separation: Yes ✓ No ____
Total = ____ ft²		Total = ____ ft²		Distribution box level: Yes ✓ No ____

Systems located as permitted: Yes ✓ No ____

Systems including plumbing stub-outs installed at proper elevation: Yes ✓ No ____

Average depth to drainpipe invert from finished grade: 13 inches Maximum depth: 16 inches

Average depth of drainfield gravel: 12 inches Minimum depth of gravel: 12 inches

Proper gravel size: Yes ✓ No ____ Gravel is suitable quality: Yes ✓ No ____

Backfill or fill material as required: (Quality) Yes ✓ No ____ (Quantity) Yes ✓ No ____

Other findings: _____

Inspected by: Dennis Chaky Date 12/31/91

PART III - FINAL INSTALLATION APPROVAL

Date 12/31/91 Approved by: Dennis Chaky ALACHUA COUNTY PUBLIC HEALTH UNIT

AN APPROVED INSTALLATION DOES NOT GUARANTEE PERFORMANCE

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

HRS-H Form 4016, Jan 86 (Replaces Feb 85 edition which may be used)
(Stock Number: 5744-002-4016-4)

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

Applicant AL CO HOUSING AUTHORITY/Permit Application Number 12-759-91R

PART III - SITE EVALUATION INFORMATION

1. Lot size appears to be as indicated on site plan: Yes ✓ No ____
2. Anticipated sewage flow from Part I 450 GPD Authorized sewage flow 800 GPD
3. Benchmark location PATIO SLAB W. SIDE OF HOUSE ~30' N FEAR
4. Existing elevation (at time of site evaluation) of the proposed system site in relation to the benchmark is 2 inches above/(below) the benchmark.
5. Proposed system distance to: Surface water ____ feet ____ feet ____ feet; Private potable wells ____ feet ____ feet ____ feet; Community public wells ____ feet ____ feet; Other public wells ____ feet ____ feet; Non-potable wells ____ feet ____ feet;
6. Unobstructed area available for system installation 1000 ft² ____ ft² ____ ft²
7. Is lot subject to frequent flooding? Yes ____ No ✓, 10 year flood? Yes ____ No ✓

If subject to a 10 year flood indicate: (a) the 10 year flood elevation in the area ____ feet MSL

(b) property elevation at proposed system location ____ feet MSL.

(10YR)

SOIL PROFILE - SAMPLE SITE 1 + 2 SAME

	COLOR	TEXTURE	DEPTH
5/2	GRAY BROWN	SAND	0" to 10"
6/4	LT YELLOW BROWN	SAND	10" to 40"
7/3 8/1	VP BROWN WHITE	SAND	40" to 72"
			___" to ___"
			___" to ___"
			___" to ___"

SOIL PROFILE - SAMPLE SITE 2

COLOR	TEXTURE	DEPTH
SAME		0" to ___"
		___" to ___"
		___" to ___"
		___" to ___"
		___" to ___"
		___" to ___"

USDA Soil Series Name (if Known) SIMILAR TO CANDLER

USDA Soil Series Name (if Known) ____

USDA Soil texture classification on which drainfield size should be based SAND

Water table at time of evaluation >72 inches below/above existing grade

Estimated wet season water table ~60 inches below/above existing grade

Type water table: Perched ____ Apparent ✓

Is mottling found in the soil? Yes ✓ No ____
At what depth? 60 inches 60 inches

Are vegetative species indicative of high water table? Yes ____ No ____

For property with contiguous ditches:
Depth of ditches ____ inches ____ inches
Depth of water in ditches ____ inches ____ inches

Other findings: ____

Date of Site Evaluation 12/11/91

Evaluator's Signature [signature]
(Include seal if performed by P.E.)

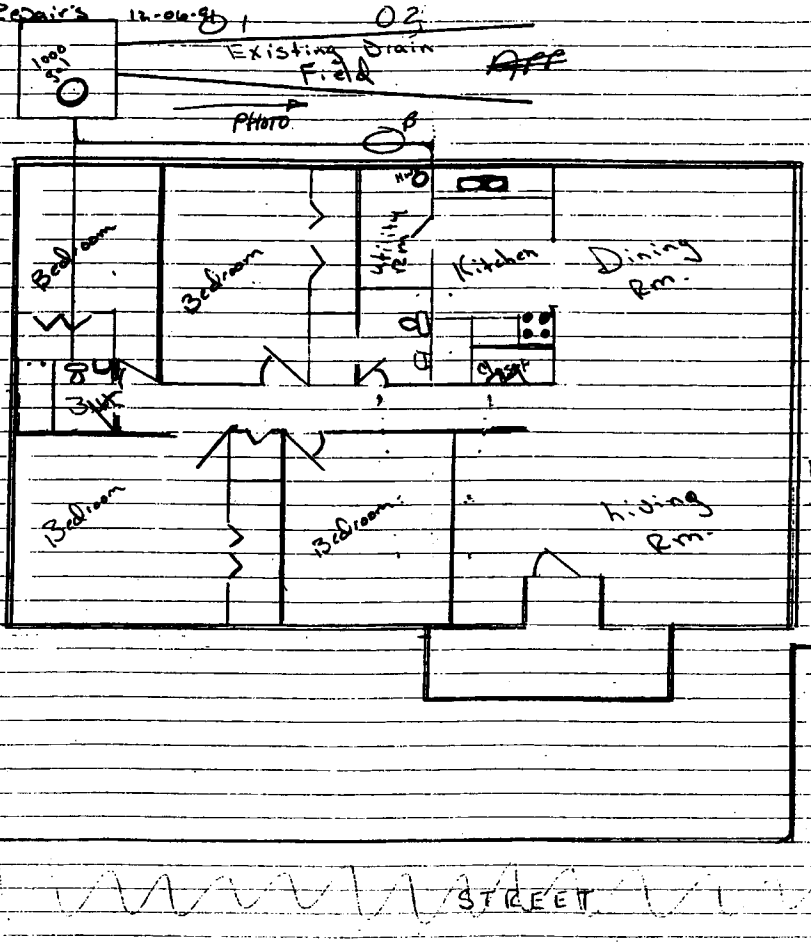
140'

APPROVED 12/11/91 DC

140 THW

Request for Permit For Repair's PLAN FOR SEPTIC Drain Field REPLACEMENT

12-06-91



Plan is to install new Drain Field in Place of existing or move as Septic contractor sees fit

4 Bedroom house
2 Bathroom
140 Thistle Hills west 120
Archer, Fla 32618
Lot # 4. Alachua County. Housing Authority

Dorothy Yarber - TenAnt

Darla
Beltz

10/22
9:67

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DIPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL

S 10/29 Thu @ 11:00

PERMIT NO. 10-579-20
DATE PAID: 10/8/20
FEE PAID: 300.00
RECEIPT #: 1048985
AP1583228

APPLICANT: Alachua County Housing Authority (South)

AGENT:

PROPERTY ADDRESS: 17056 SE 141st Place Archer FL 32618

LOT: ____ BLOCK: ____ SUBDIVISION: ____ PROPERTY ID #: 05081-004-000

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

TANK INSTALLATION

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

DRAINFIELD INSTALLATION

40 + 50 fill

[ ] [10] AREA [1] 270 [2] N SQFT
[ ] [11] DISTRIBUTION BOX ____ HEADER ✓
[ ] [12] NUMBER OF DRAINLINES 2
[ ] [13] DRAINLINE SEPARATION
[ ] [14] DRAINLINE SLOPE
[ ] [15] DEPTH OF COVER
[ ] [16] ELEVATION [ABOVE / BELOW] BM 39
[ ] [17] SYSTEM LOCATION
[ ] [18] DOSING PUMPS N
[ ] [19] AGGREGATE SIZE
[ ] [20] AGGREGATE EXCESSIVE FINES
[ ] [21] AGGREGATE DEPTH

FILL / EXCAVATION MATERIAL

[ ] [22] FILL AMOUNT
[ ] [23] FILL TEXTURE
[ ] [24] EXCAVATION DEPTH
[ ] [25] AREA REPLACED
[ ] [26] REPLACEMENT MATERIAL

SETBACKS

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

FILLED / MOUND SYSTEM

[ ] [36] DRAINFIELD COVER
[ ] [37] SHOULDERS
[ ] [38] SLOPES
[ ] [39] STABILIZATION unk

ADDITIONAL INFORMATION

[ ] [40] UNOBSTRUCTED AREA
[ ] [41] STORMWATER RUNOFF
[ ] [42] ALARMS
[ ] [43] MAINTENANCE AGREEMENT
[ ] [44] BUILDING AREA
[ ] [45] LOCATION CONFORMS WITH SITE PLAN
[ ] [46] FINAL SITE GRADING
[ ] [47] CONTRACTOR Beltz
[ ] [48] OTHER ADS Septic stack 9

ABANDONMENT

[ ] [49] TANK PUMPED unk
[ ] [50] TANK CRUSHED & FILLED unk

EXPLANATION OF VIOLATIONS / REMARKS:

[✓] hold level
[ ]
[ ]
[ ]

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

FINAL SYSTEM [APPROVED/DISAPPROVED]: Fred Bennett Ala Jones CHD DATE: 10 29 20

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

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