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

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

CONSTRUCTION PERMIT FOR:

[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [X] A.S.T.S. APPLIED

APPLICANT: EDMUNDO LARGAESPADA P.E. AGENT

PROPERTY ADDRESS: 7725 SW 114 STREET. PINECREST, FLORIDA.

LOT: 14 **BLOCK:** 14 **SUBDIVISION:** SUNLAND ESTATES 1ST ADD

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]

PROPERTY ID #: 20-5010-002-1030 [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 [1000] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES [X]
A [900] GALLONS / GPD PRETREATMENT CAPACITY MULTI-CHAMBERED/IN-SERIES [ ]
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [400] GALLONS DOSING TANK CAPACITY [X] GALLONS @ [6] DOSES PER 24 HRS # PUMPS [1]
HOOT 600AN
D [620] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [310] SQUARE FEET RESERVE SYSTEM
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ] _____
I CONFIGURATION: [X] TRENCH [ ] BED [X] DRIP IRRIGATION
N
F LOCATION OF BENCHMARK: 13.22' ELEV. NGVD CL CROWN OF ROAD AT 2
I ELEVATION OF PROPOSED SYSTEM SITE[0.51] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [28] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0] INCHES EXCAVATION REQUIRED: [72] INCHES

O _____
T _____
H _____
E _____
R _____

Digitally signed by Edmundo Largaespada
Date: 2023.10.18 18:09:24 -04'00'

SPECIFICATIONS BY: EDMUNDO LARGAESPADA P.E. 56915 **TITLE:** _____

APPROVED BY: _____ **TITLE:** _____ **CHD**

DATE ISSUED: 10-16-23 **EXPIRATION DATE:** _____

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