



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

PERMIT #: **13-SC-2836071**
APPLICATION #: **AP2029810**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2036243**

Performance-Based Treatment System

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: (Edmundo Largaespada)

PROPERTY ADDRESS: 7725 SW 114 St Pinecrest, FL 33156

LOT: 14 BLOCK: 14 SUBDIVISION: _____

PROPERTY ID #: 20-5010-002-1030

[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 [1,000] GALLONS / GPD HOOT (11-149-H10P-C4) CAPACITY
A [900] GALLONS / GPD NEW PRE-TREATMENT TANK CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [525] GALLONS DOSING TANK CAPACITY [117.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]

D [875] SQUARE FEET New D.F. Trench Conf. (DR) SYSTEM

R [0] SQUARE FEET _____ SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] _____

I CONFIGURATION: [X] TRENCH [] BED [] _____

N

F LOCATION OF BENCHMARK: C/L OF CROWN OF THE ROAD SW 114 ST - 13.22' NGVD

I ELEVATION OF PROPOSED SYSTEM SITE [0.51] [INCHES] FT [ABOVE] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [1.51] [INCHES] FT [ABOVE] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [72.00] INCHES

O *A maintenance entity agreement contract & DOH Annual Operating Permit is required prior to final approval.*
T *HOOT G-1000; (ASTS: 10/10/50%/10/200); NO BENEFITS*
H *Monitoring: VISUAL INSPECTION ABOVE THE EMITTER SURFACE SEMIANNUALLY*
E 1.-Invert and Bottom of drainfield to be no less than 11.71' NGVD.
R (Comments Continued on Page 2.)

SPECIFICATIONS BY: CONTRACTOR TITLE: _____

APPROVED BY: Jose Valdiviesomera TITLE: OPS Environmental Specialist II Date: _____ CHD

DATE ISSUED: 12/28/2023 EXPIRATION DATE: 06/28/2025

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

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