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

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

CONSTRUCTION PERMIT FOR:
[XX] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [XX] PBTS_____

APPLICANT: HH6100 LLC

PROPERTY ADDRESS: 6100 W Suburban DR

LOT: 17 BLOCK: N/A SUBDIVISION: Martin Suburban Acres
[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]

PROPERTY ID #: 20-5001-009-0160
[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 / SEPTIC TANK /AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES [Y]
A [1050] GALLONS / PRE - TREATMENT GPD CAPACITY MULTI-CHAMBERED/IN-SERIES [Y]
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [900] GALLONS DOSING TANK CAPACITY [50] GALLONS @ [6] DOSES PER 24 HRS # PUMPS [1]

D [630] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
R [630] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ] _____
I CONFIGURATION: [X] TRENCH [ ] BED [] DRIP IRRIGATION_____
N
F LOCATION OF BENCHMARK: 10.30' NGVD C/L of W Suburban Drive
I ELEVATION OF PROPOSED SYSTEM SITE [1.32] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [28.68] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [ ] INCHES EXCAVATION REQUIRED: [54] INCHES

Audio and visual alarms must be working. Proposed 1000 GPD Norweco Singular. Proposed 1050 Pretreatment Tank. Proposed 900 Dosing Tank. Proposed (2) 630 sq.ft of Drainfield. Install 42" of sand under the bottom of Drain-field. Perimeter of excavation shall be at least 2 ft. wider and longer than the proposed absortion trench. Invert and bottom of drain field to be no less than 7.91' NGVD (24" min above SHWT and/or 12" max under proposed finished grade.

SPECIFICATIONS BY: FAUSTO GUERRERO P.E. TITLE: _____
APPROVED BY: _____ DATE: _____ CHD
DATE ISSUED: _____ EXPIRATION DATE: 04/29/2024

FAUSTO E. GUERRERO LICENSE NO. 50465 STATE OF FLORIDA PROFESSIONAL ENGINEER
Digitally signed by Fausto E Guerrero
2024.04.29 17:36:06 -04'00'

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.**