

PERMITTING HOURS
8:00 AM TO 2:00 PM
MONDAY - FRIDAY

CONTACT INFORMATION

T: 305.234.2121 F: 305.234.2133
building@pinecrest-fl.gov
INSPECTIONS: 305.234.2111
INSURANCE RENEWALS: renewals@pinecrest-fl.gov



VILLAGE OF PINECREST

Building & Planning Department

12645 Pinecrest Parkway,
Pinecrest, Florida 33156

MASTER PERMIT # BL2023-0964

SUB PERMIT # _____

INSTRUCTIONS

- STEP 1. APPLICATION WHICH MUST BE SIGNED BY THE PROPERTY OWNER & QUALIFIER; BOTH SIGNATURES MUST BE NOTARIZED. PERMITS/PLANS DROP OFF CLOSING @ 2:00 P.M.
- STEP 2. SUBMIT THE COMPLETED APPLICATION WITH ALL NECESSARY DOCUMENTS TO THE BUILDING AND PLANNING DEPARTMENT FOR PROCESSING. REFER TO PERMIT CHECKLIST ONLINE AT:
[HTTPS://WWW.PINECREST-FL.GOV/Government/Building/Apply-for-a-Permit/All-Permits.](https://www.pinecrest-fl.gov/Government/Building/Apply-for-a-Permit/All-Permits)
- STEP 3. PROJECTS OVER \$2,500 REQUIRE RECORDED NOTICE OF COMMENCEMENT POSTED AT JOBSITE PRIOR TO COMMENCEMENT OF CONSTRUCTION.

APPLICATION

JOB ADDRESS: 5900 SW 114 Ter. Pinecrest, FL 33156 FOLIO #: 20-5012-010-0200
DESCRIPTION OF WORK: Septic System FLOOD ZONE: X AH7 AE7 AE10 AE11
VALUE OF WORK: \$ 49,500 PROJECT SQ. FT.: _____ NO. OF FLOORS: _____
CONTACT: Santiago Martin EMAIL: a-better@bellsouth.net PHONE: 3219-4713

PERMIT TYPE	(V)	PERMIT CHANGE	(V)	IMPROVEMENT TYPE	(V)	CATEGORY	(V)
BUILDING		REVISION		NEW CONSTRUCTION		COMMERCIAL	
ELECTRICAL		RENEWAL		ALTERATION		RESIDENTIAL	
MECHANICAL		CHG OF CONTRACTOR		ADDITION		APPRAISED BLDG. VALUE	
PLUMBING	✓	CHG OF ARCH/EGR		DEMOLITION			
ZONING						\$ _____	

PROPERTY OWNER

NAME	<u>5900 LLC</u>
	<u>Hernando Lamas</u>
ADDRESS	<u>5800 SW 107 St. Pinecrest, FL 33156</u>
PHONE	<u>(305) 842-1838</u>
EMAIL	<u>hernando@techpluscorp.com</u>

CONTRACTOR

COMPANY	<u>A Better Septic Service Inc</u>
QUALIFIER	<u>Santiago Martin</u>
ADDRESS	<u>2120 SW 244 St. Homestead 33031</u>
LICENSE #	<u>SR 09-00828</u>
PHONE	<u>305-219-4713</u>
EMAIL	<u>a-better@bellsouth.net</u>

ARCHITECT

NAME	<u>Mark Reardon</u>
LICENSE #	<u>AR-0017521</u>
PHONE	<u>(786) 353-6910</u>
EMAIL	<u>mark@reardonarchitect.com</u>

ENGINEER

NAME	
LICENSE #	
PHONE	
EMAIL	

OFFICE USE ONLY

☐ PERMIT CLERK REVIEW COMPLETE. UPFRONT FEE AMOUNT PAID \$ _____ (if applicable)

FEES TYPE	AMOUNT	FEES TYPE	AMOUNT	SECTION	BY	DATE
SCAN FEE (\$3/Pg)		ZONING/PLANNING		ZONING/PLANNING		
BUILDING FEES		SOLID WASTE		ELECTRICAL		
STORMWATER REVIEW		MUNICIPAL		MECHANICAL		
MIAMI-DADE COUNTY		STORM DRAINAGE		PLUMBING		
FL DBR		IMPACT ADMIN		PUBLIC WORKS		
FL DCA		SIDEWALK		STRUCTURAL		
FINES		CONCURRENCY		STORMWATER		
CERT. OF OCCUPANCY		EXPEDITE- REWORK		BUILDING		
CONSTRUCTION SIGN		TOTAL DUE:		BUILDING OFFICIAL		

CONDITIONS OF APPROVAL

☐ **CONDITION DESCRIPTION:**

IMPORTANT NOTICES

1. DO NOT BEGIN ANY WORK WITHOUT HAVING RECEIVED YOUR VALIDATED PERMIT AND PERMIT CARD. APPLYING FOR A PERMIT DOES NOT GRANT THE RIGHT TO BEGIN CONSTRUCTION. HOURS OF CONSTRUCTION ARE LIMITED TO MONDAY THROUGH FRIDAY FROM 7:00 A.M. TO 6:30 P.M., SATURDAYS FROM 8:00 A.M. TO 4:00 P.M. NO CONSTRUCTION ON SUNDAYS OR STATE HOLIDAYS. NO INSPECTIONS WILL BE CONDUCTED ON WEEKENDS OR HOLIDAYS.
2. ALL CONSTRUCTION AND/OR DEMOLITION AREAS MUST BE MAINTAINED IN A CLEAN, NEAT AND SANITARY CONDITION FREE FROM CONSTRUCTION DEBRIS.
3. STREETS AND NEIGHBORING PROPERTIES SHALL BE KEPT FREE FROM DIRT AND DEBRIS.
4. SWALES MUST BE PROTECTED FROM BEING DAMAGED BY EQUIPMENT OR VEHICLES.
5. CONSTRUCTION TRAILERS ARE PROHIBITED ON SINGLE FAMILY RESIDENTIAL CONSTRUCTION SITES. OTHER CONSTRUCTION MAY HAVE A TRAILER, WHICH REQUIRES A SEPARATE PERMIT.
6. PORTABLE TOILETS FOR A CONSTRUCTION SITE REQUIRE A SEPARATE PERMIT.
7. DO NOT DISCHARGE WATER INTO THE RIGHT OF WAY OR STORM DRAINS WITHOUT APPROVAL FROM THE BUILDING AND PLANNING DEPARTMENT.
8. EQUIPMENT AND MATERIALS SHALL BE STORED WITHIN YOUR PROPERTY, NOT ON PUBLIC RIGHT OF WAY.
9. FLORIDA DEPARTMENT OF HEALTH APPROVAL IS REQUIRED FOR APPLICATIONS INVOLVING SEPTIC TANKS. DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT (DERM) AND/OR MIAMI DADE WATER AND SEWER DEPARTMENT (MDWASD) APPROVAL IS REQUIRED FOR APPLICATIONS INVOLVING SEWERS AND WATER.
10. THE ISSUANCE OF A DEVELOPMENT PERMIT BY THE VILLAGE DOES NOT IN ANY WAY CREATE ANY RIGHT ON THE PART OF AN APPLICANT TO OBTAIN A PERMIT FROM A STATE OR FEDERAL AGENCY AND DOES NOT CREATE ANY LIABILITY ON THE PART OF THE VILLAGE FOR ISSUANCE OF THE PERMIT IF THE APPLICANT FAILS TO OBTAIN REQUISITE APPROVALS OR FULFILL THE OBLIGATIONS IMPOSED BY A STATE OR FEDERAL AGENCY OR UNDERTAKES ACTIONS THAT RESULT IN A VIOLATION OF STATE OR FEDERAL LAW. IN ADDITION, ALL APPLICABLE STATE AND FEDERAL PERMITS SHALL BE OBTAINED BY THE APPLICANT BEFORE COMMENCEMENT OF THE DEVELOPMENT.

AFFIDAVIT

APPLICATION IS HEREBY MADE TO OBTAIN A PERMIT TO DO WORK AND INSTALLATION AS INDICATED. I, THE OWNER OF THE PROPERTY, CERTIFY THAT ALL WORK WILL BE PERFORMED TO MEET THE STANDARDS OF ALL LAWS REGARDING CONSTRUCTION IN THE VILLAGE OF PINECREST. I UNDERSTAND THAT SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, POOL, EXTERIOR DOOR, MECHANICAL, WINDOW, FENCE, DRIVEWAY, ROOFING, SHUTTERS AND SIGNS AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL AGENCIES.

I, THE OWNER OF THE PROPERTY, HAVE DISCLOSED ALL INFORMATION RELATED TO ANY WORK AT THE PROPERTY PERFORMED IN THE PRIOR ONE (1) YEAR TO THE BUILDING OFFICIAL. FURTHER, I AM FULLY AWARE THAT IF THE CUMULATIVE COST OF WORK TO MY HOME OR BUSINESS UNDER THIS AND ANY OTHER PERMIT DURING THE ONE (1) YEAR PERIOD BEGINNING ON THE DATE OF THE FIRST IMPROVEMENT OR REPAIR TO THE STRUCTURE SUBSEQUENT TO JANUARY 1, 2015 EXCEEDS FIFTY PERCENT (50%) OF THE MARKET VALUE OF THE STRUCTURE, THE ENTIRE STRUCTURE MUST MEET THE PRESENT FEDERAL FLOOD CRITERIA FOR FINISHED FLOOR ELEVATION PLUS 1 FOOT. I AM ALSO FULLY AWARE THAT IF THE WORK AREA TO MY HOME OR BUSINESS UNDER THIS AND ANY OTHER PERMIT EQUALS OR EXCEEDS FIFTY PERCENT (50%) OF THE BUILDING AREA, THEN THE ALTERATION MUST CONFORM TO THE CURRENT CODE REQUIREMENTS OF THE FLORIDA BUILDING CODE, EXISTING BUILDINGS SECTION 604 ALTERATION LEVEL 3.

I, THE OWNER OF THE PROPERTY, UNDERSTAND THAT A PERMIT APPLICATION IS SUBJECT TO DENIAL AND A VALIDATED PERMIT OR PERMIT CARD IS SUBJECT TO REVOCATION OR MODIFICATION BASED UPON APPLICABLE DEEDS, COVENANTS, DECLARATIONS, EASEMENTS AND ANY OTHER LEGAL RESTRICTION. BY ISSUING A PERMIT, THE VILLAGE MAKES NO REPRESENTATION AS TO THE EXISTENCE OR VALIDITY OF ANY PROPERTY RESTRICTION.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU ARE SPENDING MORE THAN \$2,500 OR INTEND TO OBTAIN FINANCING, YOU MAY WISH TO CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. THE NOTICE OF COMMENCEMENT MUST BE RECORDED AT: 22 N.W. 1ST STREET, 1ST FLOOR (305) 275-1155 EXTENSION 6. ONCE RECORDED, THE NOTICE OF COMMENCEMENT MUST BE POSTED AT THE JOB SITE IN ACCORDANCE WITH SECTION 713.35 OF FLORIDA STATUTES

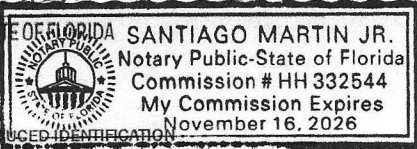
STATE OF FLORIDA, COUNTY OF MIAMI-DADE

SIGNATURE OF OWNER

Hernando Lama

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 21 DAY OF April, 2025

Santiago Martin Jr.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
SEAL: 

PERSONALLY KNOWN ☒ OR, PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED: _____

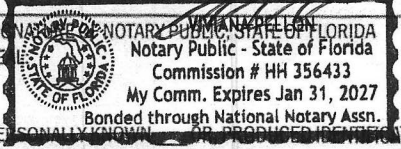
STATE OF FLORIDA, COUNTY OF MIAMI-DADE

SIGNATURE OF CONTRACTOR QUALIFIER

Santiago Martin Jr.

PRINT NAME SWORN TO AND SUBSCRIBED BEFORE ME THIS 21 DAY OF April, 2025

Santiago Martin Jr.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
SEAL: 

PERSONALLY KNOWN ☒ OR, PRODUCED IDENTIFICATION
TYPE OF IDENTIFICATION PRODUCED: FDL



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

PERMIT #: **13-SC-2787006**
APPLICATION #: **AP2001074**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2032704**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: (5900 LLC)

PROPERTY ADDRESS: 5900 SW 114 Ter Miami, FL 33156

LOT: 8 BLOCK: 2 SUBDIVISION: _____

PROPERTY ID #: 20-5012-010-0200

[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 [630] GALLONS / GPD Norweco Singlair TNT-750 CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [788] SQUARE FEET Trench Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [x] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: C/L SW 114 TER - 10.83' NGVD

I ELEVATION OF PROPOSED SYSTEM SITE [14.70] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [44.70] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [61.60] INCHES

O 1.- Install a Norweco Singlair TNT-750 Performance Based Treatment System (PBTS) to be housed into an approved 13-160-NW2-C3 tank.

T 2.- Invert elevation and bottom of drainfield to be no less than 8.5' & 8.0' NGVD respectively.

H 3.- Install 788 sf. of drainfield in ...TRENCH... configuration.

E 4.- Install 42" of slightly limited soil at the bottom of the drainfield.

R (Comments Continued on Page 2.)

SPECIFICATIONS BY: Ken W Groce

TITLE: _____

APPROVED BY: Vida Talab

TITLE: Engineering Specialist II

Dade CHD

DATE ISSUED: 12/06/2023

EXPIRATION DATE: 06/06/2025

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

Incorporated 62-6.004, FAC

Page 1 of 3

-
- 5.- This is a PBTS designed to meet advanced secondary treatment standards: 10/10/50%/10/200.
 - 6.- Monitoring requirements for system are semi-annual ponding depth and sampling of CBOD5, TSS, TN, TP, and fecal coliform.
 - 7.- A maintenance entity agreement contract & DOH Annual Operating Permit is required prior to final approval.
 - 8.- The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 62-6.013(3)(f), FAC.
 - 9.- System is a split system. The system is sized for 63 fixture units for a total flow of 630 out of 880 GPD. The remaining 250 GPD will be serviced by another system approved and permitted under AP2001067.

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the agency clerk is 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. The Agency Clerk's email is agency_clerk@FloridaDEP.gov.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Environmental Protection and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
SITE EVALUATION AND SYSTEM SPECIFICATION

APPLICATION # AP2001074
PERMIT # 13-SC-2787006
DOCUMENT # SE1931881

APPLICANT: 5900 LLC

CONTRACTOR / AGENT: Cheroke Consulting

LOT: 8

BLOCK: 2

SUBDIVISION: _____ ID#: 20-5012-010-0200

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: 0.92 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 880 GALLONS PER DAY [RESIDENCES-TABLE1 / OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 2299.99 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1240.00 SQFT UNOBSTRUCTED AREA REQUIRED: 1184.00 SQFT

BENCHMARK/REFERENCE POINT LOCATION: C/L SW 114 TER - 10.83' NGVD
ELEVATION OF PROPOSED SYSTEM SITE 14.70 [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET: ☐ YES ☒ NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 28 FT POTABLE WATER LINES: 137 FT

SITE SUBJECT TO FREQUENT FLOODING? ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT [MSL / NGVD] SITE ELEVATION: 9.60 FT [MSL / NGVD]

SOIL PROFILE INFORMATION SITE 1

USDA SOIL SERIES: Udorthents, limestone substratu

Munsell #/Color	Texture	Depth
10YR 2/2	Sand	0 To 6
REFUSAL	Oolitic Limestone	6 To 6

SOIL PROFILE INFORMATION SITE 2

USDA SOIL SERIES: Udorthents, limestone substratu

Munsell #/Color	Texture	Depth
10YR 2/2	Sand	0 To 6
REFUSAL	Oolitic Limestone	6 To 6

OBSERVED WATER TABLE: _____ INCHES [ABOVE / BELOW] EXISTING GRADE TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 67 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTLING: ☐ YES ☒ NO DEPTH: _____ INCHES
SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Replacement 4-FS/0.80 DEPTH OF EXCAVATION: 61.6 INCHES
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA

SITE EVALUATED BY: _____ DATE: 08/01/2023

Groce, Ken (Title:)



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

PERMIT #: **13-SC-2786992**
APPLICATION #: **AP2001067**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2032691**

Performance-Based Treatment System

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: (5900 LLC)

PROPERTY ADDRESS: 5900 SW 114 Ter Miami, FL 33156

LOT: 8 BLOCK: 2 SUBDIVISION: _____

PROPERTY ID #: 20-5012-010-0200

[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 [250] GALLONS / GPD Norweco Singulair TNT-500 CAPACITY
A [] GALLONS / GPD _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [313] SQUARE FEET Trench Drainfield SYSTEM
R [] SQUARE FEET _____ SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [X] TRENCH [] BED [] _____
N

F LOCATION OF BENCHMARK: C/L SQ 114 TER - 10.83' NGVD

I ELEVATION OF PROPOSED SYSTEM SITE [14.70] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [33.96] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [61.60] INCHES

- O
T
H
E
R
- 1.- Install a Norweco Singulair TNT-500 Performance Based Treatment System (PBTS) to be housed into an approved 13-160-NW1-C3 tank.
 - 2.- Invert elevation and bottom of drainfield to be no less than 8.5' & 8.0' NGVD respectively.
 - 3.- Install 313 sf. of drainfield in ...TRENCH... configuration.
 - 4.- Install 42" of slightly limited soil at the bottom of the drainfield.

(Comments Continued on Page 2.)

SPECIFICATIONS BY: Ken W Groce TITLE: _____

APPROVED BY: Vida Talab TITLE: Engineering Specialist II Date _____ CHD

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

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

- 5.- This is a PBTS designed to meet advanced secondary treatment standards: 10/10/50%/10/200.
- 6.- Monitoring requirements for system are semi-annual ponding depth and sampling of CBOD5, TSS, TN, TP, and fecal coliform.
- 7.- A maintenance entity agreement contract & DOH Annual Operating Permit is required prior to final approval.
- 8.- The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 62-6.013(3)(f), FAC.
- 9.- System is a split system. The system is sized for 25 fixture units for a total flow of 250 out of 880 GPD. The remaining 630 GPD will be serviced by another system approved and permitted under AP2001074.

NOTICE OF RIGHTS

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

APPLICATION # AP2001074
PERMIT # 13-SC-2787006
DOCUMENT # SE1931881

APPLICANT: 5900 LLC

CONTRACTOR / AGENT: Cheroke Consulting

LOT: 8

BLOCK: 2

SUBDIVISION: _____ ID#: 20-5012-010-0200

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: 0.92 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 880 GALLONS PER DAY ☐ RESIDENCES-TABLE 1 ☐ OTHER-TABLE 2
AUTHORIZED SEWAGE FLOW: 2299.99 GALLONS PER DAY ☐ 1500 GPD/ACRE OR ☐ 2500 GPD/ACRE
UNOBSTRUCTED AREA AVAILABLE: 1240.00 SQFT UNOBSTRUCTED AREA REQUIRED: 1184.00 SQFT

BENCHMARK/REFERENCE POINT LOCATION: C/L SW 114 TER - 10.83' NGVD
ELEVATION OF PROPOSED SYSTEM SITE 14.70 ☐ INCHES ☐ FT ☐ ABOVE ☒ BELOW BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: NA FT DITCHES/SWALES: NA FT NORMALLY WET: ☐ YES ☒ NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA FT
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 28 FT POTABLE WATER LINES: 137 FT

SITE SUBJECT TO FREQUENT FLOODING? ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO
10 YEAR FLOOD ELEVATION FOR SITE: _____ FT ☐ MSL ☒ NGVD SITE ELEVATION: 9.60 FT ☐ MSL ☒ NGVD

SOIL PROFILE INFORMATION SITE 1

USDA SOIL SERIES: Udorthents, limestone substratu

Munsell #/Color	Texture	Depth
10YR 2/2	Sand	0 To 6
REFUSAL	Oolitic Limestone	6 To 6

SOIL PROFILE INFORMATION SITE 2

USDA SOIL SERIES: Udorthents, limestone substratu

Munsell #/Color	Texture	Depth
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ESTIMATED WET SEASON WATER TABLE ELEVATION: 67 INCHES ☐ ABOVE ☒ BELOW EXISTING GRADE
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO MOTTLING: ☐ YES ☒ NO DEPTH: _____ INCHES
SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Replacement 4-FS/0.80 DEPTH OF EXCAVATION: 61.6 INCHES
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA

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Groce, Ken (Title:)

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004. FAC

Page 3 of 4