



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

PERMIT #: **13-SM-3031483**
APPLICATION #: **AP2163848**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2183653**

Performance-Based Treatment System

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: Stephen Joseph Vaccaro

PROPERTY ADDRESS: 12940 SW 63 Ave Miami, FL 33156

LOT: 3 BLOCK: 1 SUBDIVISION: Bay Ridge Estates

PROPERTY ID #: 20-5013-005-0030 [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 [1,500] GALLONS / GPD MICROFAST 0.5 (01-011-BM2-C4) 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 [250] SQUARE FEET NEW D.F. TRENCH CONF SYSTEM
R [0] SQUARE FEET _____ SYSTEM

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

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

F LOCATION OF BENCHMARK: INTERCEPTION E PROP LINE & C/L SW 63 AVE - 14.89' NGVD

I ELEVATION OF PROPOSED SYSTEM SITE [0.12] [INCHES] FT [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [29.88] [INCHES] FT [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

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

O
T
H
E
R
SYSTEM SIZED FOR 10 FU OUT OF 58 FU TOTAL
A maintenance entity agreement contract & DOH Annual Operating Permit is required prior to final approval.
MICROFAST 0.50; (ASTS: 10/10/50%/10/200); NO BENEFITS
Monitoring: PONDING DEPTH SEMIANNUALLY
1.- Invert elevation and Bottom of drainfield to be no less than 12.90' & 12.40' NGVD respectively.
(Comments Continued on Page 2.)

SPECIFICATIONS BY: Ernesto Santana TITLE: _____

APPROVED BY: Jose Valdiviesomera TITLE: OPS Environmental Specialist II Dade CHD

DATE ISSUED: 11/05/2024 EXPIRATION DATE: 05/05/2026

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Incorporated 62-6.004, FAC