



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

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

JOB 230277

CONSTRUCTION PERMIT FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: SOUTH GROUP USA LLC

PROPERTY ADDRESS: 7054 ROSEMONT DRIVE, ENGLEWOOD, FLORIDA 34224

LOT: 17 BLOCK: 3639 SUBDIVISION: PORT CHARLOTTE - SECTION 64
 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]

PROPERTY ID #: 412011202008 [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 SAFTISFACTORY 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 [900] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES []
 A [] GALLONS / GPD _____ CAPACITY MULTI-CHAMBERED/IN-SERIES []
 N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
 K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS # PUMPS []

D [500] SF ANY DOH APPROVED PRODUCT
 R [] SQUARE FEET _____ SYSTEM
 A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND [] _____
 I CONFIGURATION: [] TRENCH [X] BED [] _____

N
 F LOCATION OF BENCHMARK: (9.95 NAVD) @ EOP + LT PL
 I ELEVATION OF PROPOSED SYSTEM SITE [0.15] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
 E BOTTOM OF DRAINFIELD TO BE [1.32] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
 L
 D FILL REQUIRED: [32] INCHES EXCAVATION REQUIRED: [46] INCHES

FROM THE DRAIN FIELD AREA PLUS 2 FEET WIDER AND LONGER REMOVE ALL SOIL TO A DEPTH OF 46 INCHES BELOW EXISTING GRADE. REMOVE ALL TOPSOIL & ROOT MATERIAL FROM TOE OF SLOPE TO TOE OF SLOPE. REPLACE WITH DOH APPROVED MATERIAL. INSTALLER MUST VERIFY 54 INCHES OF EFFECTIVE SOIL DEPTH. MINIMUM CATEGORY 3 TANK REQUIRED.

SPECIFICATIONS BY: RONALD SCHLEGEL TITLE: P.E. #40232

APPROVED BY: _____ TITLE: _____ CHD

DATE ISSUED: _____ EXPIRATION DATE: _____

DH 4016, 08/09 (Obsoletes all previous Editions which may not be used)

Incorporated: 64E-6.003, FAC



STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONSITE SEWAGE TREATMENT AND DISPOSAL
 SYSTEM (OSTDS)

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

JOB 230277 APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
 [] Repair [] Abandonment [] Temporary [] _____

APPLICANT: _____ EMAIL: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

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TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

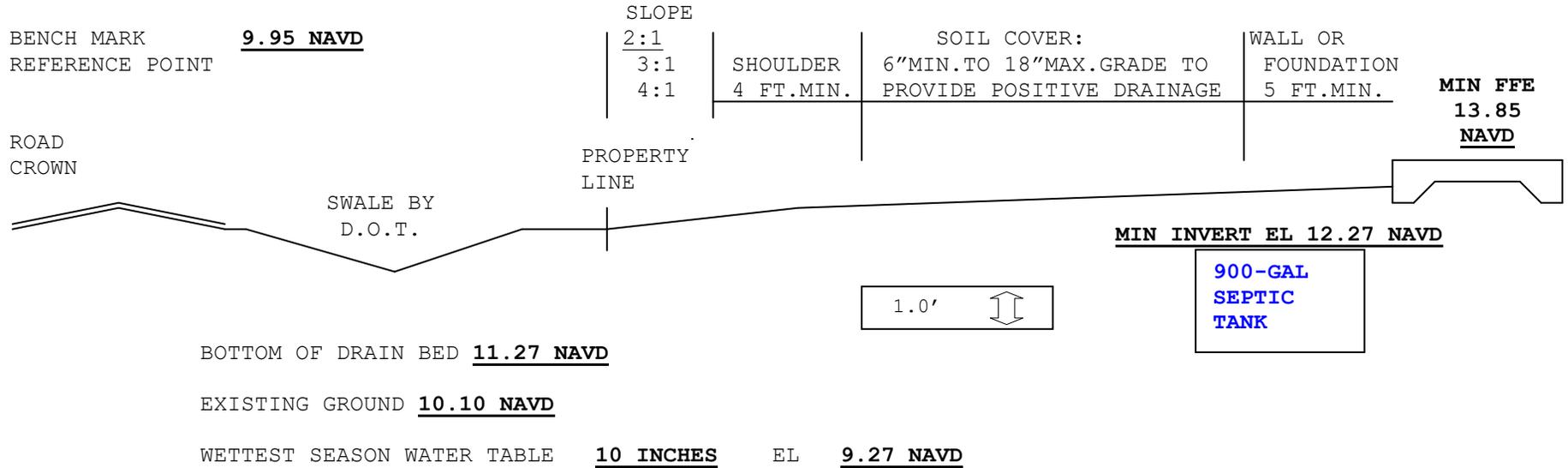
[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Isidro Lagunas DATE: _____

APOGEE DESIGN, (239) 466-6596 FAX 466-3756

PROPOSED SEPTIC SITE ELEVATIONS

ADDRESS: 7054 ROSEMONT DRIVE **CITY:** ENGLEWOOD **STRAP #:** 412011202008
BLOCK: 3639 **LOT:** 17 **UNIT:** N/A **SUBDIVISION:** PORT CHARLOTTE - SECTION 64



PRESCRIBED CORRECTIONS

FROM THE DRAIN FIELD AREA PLUS 2 FEET WIDER AND LONGER COMPLETELY REMOVE ALL SOIL TO A DEPTH OF 46 INCHES BELOW EXISTING GRADE. REMOVE ALL TOPSOIL AND ROOT MATERIAL FROM TOE OF SLOPE TO TOE OF SLOPE. INSTALLER TO VERIFY 54" EFFECTIVE SOIL DEPTH. REPLACE REMOVED MATERIAL WITH AND CONSTRUCT MOUND OF CLEAN SAND.

