



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

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

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: TARMAC FLORIDA INC.

AGENT: AL ANDREANSKY, P.E. TELEPHONE: 727 460-8612

MAILING ADDRESS: P.O. BOX 456, PALM HARBOR, FL 34682

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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 * SEE ATTACHED INFORMATION

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

PROPERTY ID #: 30-2031-001-0010 ZONING: 1 I/M OR EQUIVALENT: [] / N]

PROPERTY SIZE: 335.8 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [] / N] DISTANCE TO SEWER: 350 FT

PROPERTY ADDRESS: 11000 NW 121 WAY, MEDLEY, FLORIDA

DIRECTIONS TO PROPERTY: SEE SHEET C1 OF THE ATTACHED ENGINEERING DRAWINGS

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	AGGREGATE LABORATORY		4300	factories, no showers
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) 4 sinks

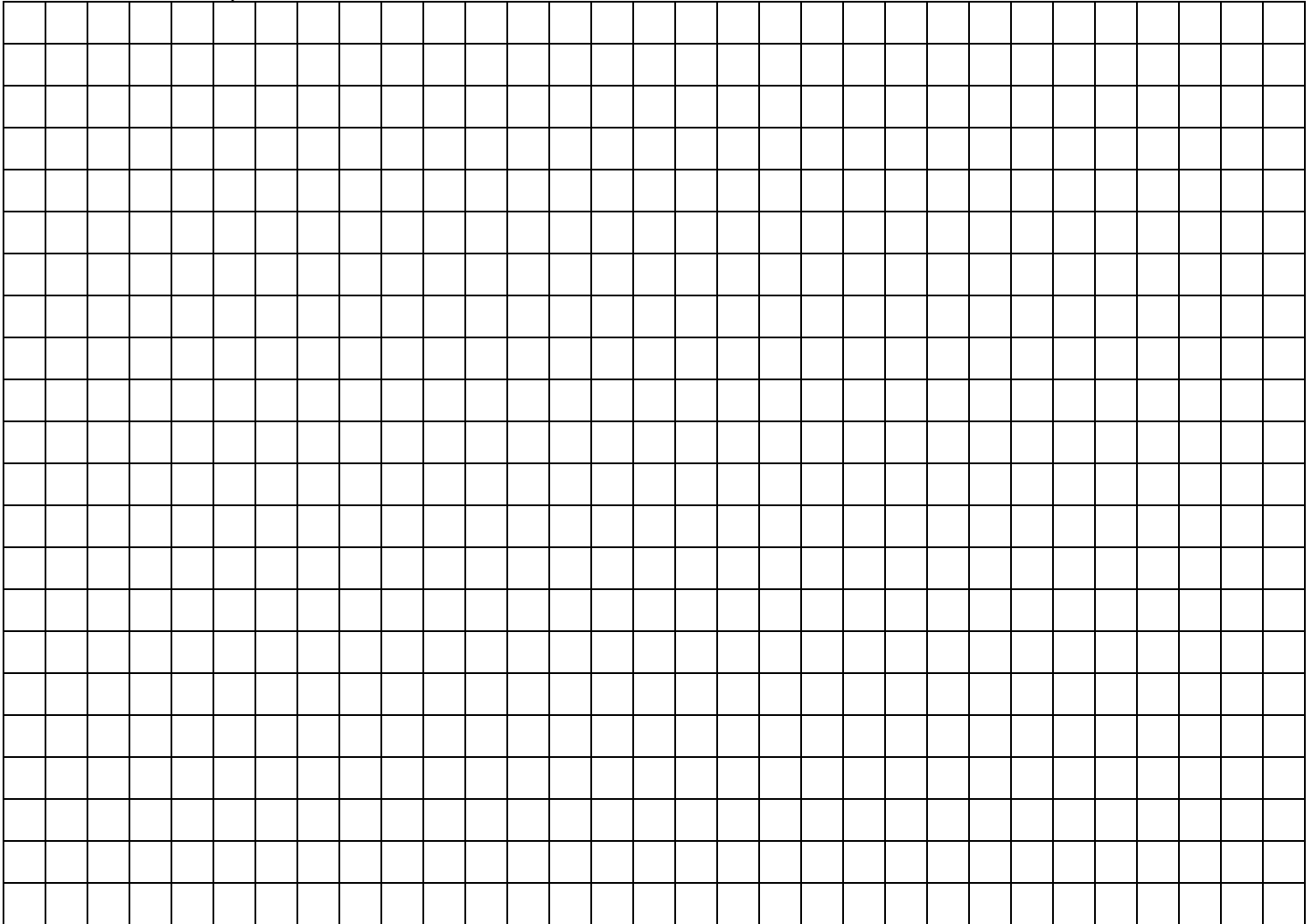
SIGNATURE: _____ DATE: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: PLEASE SEE ATTACHED ENGINEERING DRAWINGS

Site Plan submitted by: TARMAC FLORIDA INC.

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT #. _____

APPLICANT: TARMAC FLORIDA INC. AGENT: AL ANDREANSKY, P.E.

LOT: * _____ BLOCK: * _____ SUBDIVISION: * SEE ATTACHED INFORMATION

PROPERTY ID #: 30-2031-001-0011 [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE LICENSE NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [] YES [] NO NET USABLE AREA AVAILABLE: NA ACRES
 TOTAL ESTIMATED SEWAGE FLOW: 225 GALLONS PER DAY [~~RESIDENCES-TABLE~~ / OTHER-TABLE2]
 AUTHORIZED SEWAGE FLOW: NA GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
 UNOBSTRUCTED AREA AVAILABLE: 1500 SQFT UNOBSTRUCTED AREA REQUIRED: 525 SQFT

BENCHMARK/REFERENCE POINT LOCATION: AGGREGATE LABORATORY FINISHED FLOOR (Elevation = 10.12)
 ELEVATION OF PROPOSED SYSTEM SITE IS 1.5 [INCHES/FT] [~~ABOVE~~ / ~~BELOW~~] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
 SURFACE WATER: 100 FT DITCHES/SWALES: NA FT NORMALLY WET? [] YES [] NO
 WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: 185 FT
 BUILDING FOUNDATIONS: 20 FT PROPERTY LINES: 25 FT POTABLE WATER LINES: 400 FT

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

SOIL PROFILE INFORMATION SITE 1 *

MUNSELL #/COLOR	TEXTURE	DEPTH
Sandy Loam/Gray	Slightly limited (2-4 min/inch)	0" TO 48"
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
USDA SOIL SERIES: _____		

SOIL PROFILE INFORMATION SITE 2

MUNSELL #/COLOR	TEXTURE	DEPTH
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
_____	_____	TO
USDA SOIL SERIES: _____		

* SEE ATTACHED SOILS REPORT

OBSERVED WATER TABLE: 48 INCHES [~~ABOVE~~ / ~~BELOW~~] EXISTING GRADE.* TYPE: [PERCHED / APPARENT]
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 48 INCHES [~~ABOVE~~ / ~~BELOW~~] EXISTING GRADE*
 HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: 0.65 GAL/D/SQ FT DEPTH OF EXCAVATION: 48 INCHES
 DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA:
PLEASE SEE ATTACHED DRAWINGS AND SOILS REPORT PREPARED BY PSI, INC., DATED 5/18/2012
 * EXISTING GRADE IN THE DRAINFIELD AREA IS AT ELEVATION = 9.58

SITE EVALUATED BY: _____ DATE: _____



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New System Existing System Holding Tank Innovative
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APPLICANT: TARMAC FLORIDA INC.

PROPERTY ADDRESS: 11000 NW 121 WAY, MEDLEY, FL

LOT: * _____ BLOCK: * _____ SUBDIVISION: * SEE ATTACHED INFORMATION

PROPERTY ID #: 30-2031-001-0010 [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 [1050] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES [X]
 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 [360] SQUARE FEET PRIMARY DRAINFIELD SYSTEM
 R [] SQUARE FEET _____ SYSTEM
 A TYPE SYSTEM: STANDARD FILLED MOUND _____
 I CONFIGURATION: TRENCH BED _____

N
 F LOCATION OF BENCHMARK: AGGREGATE LABORATORY FINISHED FLOOR (EL.=10.12)
 I ELEVATION OF PROPOSED SYSTEM SITE [1.5] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
 E BOTTOM OF DRAINFIELD TO BE [2.62] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
 L
 D FILL REQUIRED: [0] INCHES EXCAVATION REQUIRED: [24] INCHES

O PLEASE SEE ATTACHED ENGINEERING DRAWINGS AND SOILS REPORT BY PSI, INC., DATED 5/18/2012
 T _____
 H _____
 E _____
 R _____

SPECIFICATIONS BY: AL ANDREANSKY, P.E. TITLE: ENGINEER

APPROVED BY: _____ TITLE: _____ CHD

DATE ISSUED: _____ EXPIRATION DATE: _____