

STATE OF FLORIDA

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

DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPO	DATE PAID: DSAL SYSTEM FEE PAID: RECEIPT #:
CONSTRUCTION PERMIT FOR: [] New System [] Existing System [] [] Repair [] Abandonment []	
APPLICANT:	
PROPERTY ADDRESS:	
LOT:BLOCK:SUBDIVISION:	
	[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICS., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHARLES FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPROVED MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	OF SYSTEM DOES NOT GUARANTEE SATISFACTORY HANGE IN MATERIAL FACTS, WHICH SERVED AS A PLICANT TO MODIFY THE PERMIT APPLICATION. ADE NULL AND VOID. ISSUANCE OF THIS PERMIT
SYSTEM DESIGN AND SPECIFICATIONS I [] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAR A [] GALLONS / GPD CAP N [] GALLONS GREASE INTERCEPTOR CAPACITY [1] K [] GALLONS DOSING TANK CAPACITY [] GALLONS	PACITY MULTI-CHAMBERED/IN-SERIES [] MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
O [] SQUARE FEET PRIMARY DRAINFIELD SYSTEM R [] SQUARE FEET SYSTEM	
A TYPE SYSTEM: [] STANDARD [] FILLED [] I CONFIGURATION: [] TRENCH [] BED []	
F LOCATION OF BENCHMARK: I ELEVATION OF PROPOSED SYSTEM SITE [] [INCHES/] E BOTTOM OF DRAINFIELD TO BE [] [INCHES/] L O FILL REQUIRED: [] INCHES EXCAVATION REQUIRED	FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT
D	
SPECIFICATIONS BY:	TITLE:
APPROVED BY:TITLE	
DATE ISSUED:	EXPIRATION DATE:

DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC