Homeowner Agreement

To Participate in Florida Onsite Sewage Nitrogen Reduction Strategies Study

August, 2010

Nitrogen is an important concern for water quality. Animals, crops, ecosystems, and human health can be adversely impacted by the presence of nitrogen in water supplies. The environmental effects of nitrogen on groundwater and surface water can ultimately lead to the degradation of surface waters in watershed systems that have strong groundwater/surface water interactions. Nitrogen that enters surface water bodies via these interactions can lead to algal blooms and eutrophication. These processes lead to oxygen depletion in surface waters which can be harmful to natural aquatic life. In Florida, the protection of watersheds, in particular surface water bodies, has led to the legislation of protection of these areas (i.e., the Wekiva River Protection Act).

A research study to examine nitrogen reduction strategies for onsite sewage treatment and disposal systems in the State of Florida is underway. The project is being conducted by Hazen and Sawyer, P.C an environmental engineering firm under contract with the Florida Department of Health (FDOH).

One element of this research project is to prioritize nitrogen removal technologies under field conditions. To reach this goal, field-testing of nitrogen reducing technologies at home sites is needed to compare various treatment systems for their ability to remove nitrogen. Monitoring nitrogen reduction of the systems will occur at various locations in the State of Florida. In addition, the research project includes subsurface and groundwater monitoring which will be used to assess the current level of nitrogen reduction obtained by Florida soils and to assess groundwater impacts due to conventional and nitrogen removal systems.

The participation of select homeowners is essential for the success of this research program. Therefore, we are looking for volunteers to allow their onsite wastewater systems to be used for this project. All homeowners will remain anonymous in all data analysis and reporting. The study will last up to two years with all site visits scheduled at the homeowner's convenience. The work at each property may include:

- Property walkovers to characterize land uses and features
- Collection of information from the owner regarding water use and wastewater system data
- Installation of new wastewater treatment equipment
- Soil borings
- Installation of monitoring wells
- Collection of wastewater samples
- Monitor energy used and other operational costs

Hazen and Sawyer, P.C. will be responsible for: application for permits, modifications, operation, maintenance, monitoring, inspections, and removal or leaving the system in place at study termination. The project funds will cover the cost of any permits required, any new technology installed, maintenance costs, and restoration of property to original condition. The homeowner shall agree to not tamper with the system during the monitoring period. The site will be restored to the original condition upon completion of the study if desired by the homeowner. All homes participating in the study will receive a $250 cash incentive.

If you are interested in becoming involved in this important research project, please fill in the information below and sign where indicated. We will coordinate all our activities with you and give you any additional information you require prior to beginning work at your property.

Thank you for taking the time to consider this request, and we look forward to your response.

Very truly yours,

Hazen and Sawyer, P.C.

Name: [redacted]

Septic mound. We share our septic mound with the neighbor.

HOMEOWNER

By: [redacted]

HAZEN AND SAWYER, P.C.

By: Damann L. Anderson

Damann L. Anderson

Title: Vice President

encl.: Residential Evaluation Survey

RESIDENTIAL EVALUATION SURVEY

Name: [redacted] Date: 9/14/10 Time: 4:45pm

Street Address: [redacted]

City: Crawfordville, State: FL Zip Code: 32327

Mailing Address (if different from above):

same

Daytime Phone (Work or Cell): [redacted]

Evening phone (Home or Cell): same

Parcel #: _____

Designer: _____

Installer: _____ City : _____ State : _____

Property Size (acres or sq. ft.) : _____

A. Home/Residents

1. Is this your first home with an on-site wastewater treatment system? (YES) / NO
2. Did you receive any septic system user information? YES / (NO)
3. Did you receive the as-built drawing for the system? YES / (NO)
4. Any additions to the home since septic system was built? NO

   Bedrooms _____

   Bathrooms _____

   Other _____
5. Type of use: (Permanent) / Seasonal

   If seasonal, number of months used _____

   a. Number of people living in the home:
   - Adults (18-65): 1 M 1 F
   - Seniors (>65): ___ M ___ F
   - Children (<13): 1 M ___ F
   - Teenagers (13-17): ___ M ___ F

   b. Guests (Approximate number and frequency): 1 every six months

   c. Number of bedrooms: 2 Number of bathrooms: 2

   d. Number of pets: Dogs 1 Cats ___ Number of pet baths per month: 1
6. Number of showers per week: 8 Number of baths per week: 2
7. Water supply: Private well / Centralized system / (Other supply) our community has a system
8. Do you have an in-home business? (YES) NO

   If "yes", what type? My husband works at home at an office job.

9. Do you use septic system additives? YES / NO

If "yes", what products? _____ Frequency: _____

B. System *(completed by O&M service provider or homeowner if no service provider)*

10. Type of pretreatment system: ☐ Septic tank ☐ATU ☐Media filter ☐ Constructed wetland

    a. Specific type of system _____

    b. Make and Model _____

11. How old is the system? _____ (years) Date of last pump out: _____

12. Has the system ever backed up? YES / NO

13. Have the baffles ever been plugged? YES / NO

14. Effluent screen in septic tank outlet? YES / NO

15. Has effluent screen ever plugged? YES / NO Date(s): _____

16. Has the system ever been repaired? YES / NO

    Record of System's Service: _____

17. Has effluent ever surfaced? YES / NO

18. Has the alarm ever sounded? YES / NO

19. Soil type – at drain field depth or lower: _____

20. Type of distribution/dispersal system:

    ☐Gravity ☐Trench ☐ Pressure dose ☐Mound ☐Drip ☐Spray

    ☐Other: _____

21. Control system: Demand / Timed

22. Design rate for system: _____ (GPD)

23. Septic tank size: _____ (gallons) Pump tank: _____ (gallons)

24. Sludge levels in septic tank: 1st compartment accumulation _____

    Floating materials _____

    2nd compartment accumulation _____

    Floating materials _____

25. Sludge level in pump tank: Accumulated _____

    Floating materials _____

26. Is the pump working? YES / NO

27. Duration of pump cycle: _____ (minutes) Pump drawdown: _____

C. Water Use

28. Actual **indoor** water use (GPD): Average: _____ High: _____ Low: _____
    Reading this data from: _____ cycle counter
    _____ hour meter on pump
    _____ water meter
    _____ other

29. Actual **outdoor** water use (GPD): Average: _____ High: _____ Low: _____
    Reading this data from: _____ cycle counter
    _____ hour meter on pump
    _____ water meter
    _____ other

D. Additional Information (*completed by homeowner or at site visit and evaluation*)

30. Water supply:
    a. Raw Water Quality Characteristics: Hardness _____ (gpg) Iron _____ (ppm)
    TDS _____ (ppm) pH _____ Chlorine (total or free) _____ (ppm)
    b. Other Water Quality characteristics:
    Hydrogen Sulfide _____ (ppm) Sulfates _____ (ppm) Alkalinity _____
    Other 1 _____ Other 2 _____ Other 3 _____
    Other Comments _____

31. Water treatment device(s):
    a. Is a water softener used? YES / (NO) Back flushes to: _____
    Brand _____ Model/Year Installed _____
    Regeneration Method? Timer / Demand Initiated Regeneration (Meter or Sensor)
    Softening Regenerant? NaCl / KCl Salt per Regeneration (lbs) _____
    Salt Purchased (lbs per month) _____
    Estimated Brine Volume _____ (gallons) Combined Discharge TDS _____ (ppm)
    Backwash Time _____ (min) Backwash Flow Rate _____ (gpm)
    Backwash Volume _____ (gallons) Fast Rinse Time _____ (min)
    Fast Rinse Flow Rate _____ (gpm) Fast Rinse Volume _____ (gallons)
    Total Regeneration Water _____ (gallons) Total Time for Regeneration _____ (min)
    Avg. Flow to Drain during Regeneration _____ (gpm) Regenerations per month _____
    Average Daily Drain Water _____ (gallons)
    b. Reverse osmosis? YES / (NO) Discharges to: _____
    Brand _____ Model/Year Installed _____
    Auto Shut Off? YES / NO Rated Capacity _____ (gallons/day)

Daily water consumed _____ (gallons) Stated Recovery Ratio _____

Estimated Daily Water to Drain _____ (gallons)

c. Backwashing Water Filter (iron, sediment, etc)? YES / (NO)

Back flushes to: _____ Brand _____

Model/Year Installed _____ Regenerant (if any) _____

Regeneration Frequency _____ Backwash Time _____ (min)

BW Flow Rate _____ (gpm) BW Volume _____ (gallons)

Fast Rinse Time _____ (min) FR Flow Rate _____ (gpm)

FR Volume _____ (gallons) Total Regenerant Water _____ (gallons)

Total Time for Regeneration _____ (min) Avg. Flow to Drain _____ (gpm)

Regenerants Per Month _____ Average Daily Drain Water _____ (gallons)

d. Other Water Treatment Devices: _____

e. Treated Water Quality Characteristics:

Hardness _____ (gpg) Iron _____ (ppm)

TDS _____ (ppm) pH _____ Chlorine (free) _____ (ppm)

Other Water Quality characteristics:

Hydrogen Sulfide _____ (ppm) Sulfates _____ (ppm) Alkalinity _____

Other 1 _____ Other 2 _____ Other 3 _____

Other Comments

_____

32. Is there an outside power supply? (YES) / NO

If yes, does it have its own breaker? _____

How many amps? _____

33. Is there an outside water spigot? (YES) / NO

If yes, does it require a key? NO

E. Additional Notes:

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

PERMIT NO. [redacted]
DATE PAID: 11-11-05
FEE PAID: 240.00
RECEIPT #
DPA# [redacted]

CONSTRUCTION PERMIT FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: [redacted]

PROPERTY ADDRESS: [redacted]

LOT: 14 BLOCK: — SUBDIVISION: Mysterious Waters
[redacted]CTION, TOWNSHIP, RANGE, PARCEL NUMBER]
PROPERTY ID #: [redacted] [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 SAFTISFACTOR PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS 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 PERMI DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTIN REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS READ VERY CAREFULLY

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 [308] SQUARE FEET PRIMARY DRAINFIELD SYSTEM 308 ft mound bed
R [ ] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [ ] STANARD [ ] FILLED [X] MOUND [ ] _____
I CONFIGURATION: [ ] TRENCH [X] BED [ ] _____
N
F LOCATION OF BENCHMARK: EBM 11.72' at Front of lot (in big tree to the south)
I ELEVATION OF PROPOSED SYSTEM SITE [23] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POI
E BOTTOM OF DRAINFIELD TO BE [ ] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POI
L
D FILL REQUIRED: [40] INCHES EXCAVATION REQUIRED: [——] INCHES

O DO NOT START CONSTRUCTION WITHOUT A BUILDER'S PERMIT FROM WAKULLA CO. BUILDING DEPT.
T See system proviso for additional system specifications.
H All setbacks must be met.
E
R

SPECIFICATIONS BY: Rich Bray TITLE: private evaluator

APPROVED BY: Kathy Davis TITLE: ESI Wakulla C

DATE ISSUED: 11-29-05 EXPIRATION DATE: 5-29-07

HEALTH DEPARTMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL
Authority: Chapter 381, FS & Chapter 10D-6, FAC

PERMIT # [redacted]
RECEIPT # [redacted]
FEE PAID $240.00
DATE PAID 11-17-05
DPA # [redacted]

APPLICAN[redacted] AGENT: Jim Walter

PROPERTY STREET ADDRESS: [redacted]

LOT: 14 BLOCK: — SUBDIVISION: Mysterious Waters

PROPERTY ID #: [redacted] [SECTION/TOWNSHIP/RANGE/PARCEL NUMBER] [OR TAX ID NUMBER]

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH CHAPTER 10D-6, FLORIDA ADMINISTRATIVE CODE.

TANK INSTALLATION
[ ] [01] TANK SIZE [1] 1050 [2] _____
[ ] [02] TANK MATERIAL 64-070-1003
[ ] [03] OUTLET DEVICE
[ ] [04] MULTI-CHAMBERS
[ ] [05] LEGEND Concrete
[ ] [06] WATERTIGHT
[ ] [07] LEVEL
[ ] [08] DEPTH OF LID

DRAINFIELD INSTALLATION
[ ] [09] AREA [1] 311 [2] _____ SQFT
[ ] [10] DISTRIBUTION BOX/HEADER
[ ] [11] NUMBER OF DRAINLINES 5
[ ] [12] DRAINLINE SEPARATION
[ ] [13] DRAINLINE SLOPE
[ ] [14] DEPTH OF COVER
[ ] [15] SYSTEM ELEVATION _____
[ ] [16] SYSTEM LOCATION
[ ] [17] DOSING PUMPS _____
[ ] [18] AGGREGATE SIZE
[ ] [19] AGGREGATE SOURCE
[ ] [20] AGGREGATE WASHED
[ ] [21] AGGREGATE DEPTH

FILL/EXCAVATION MATERIAL
[ ] [22] FILL AMOUNT
[ ] [23] FILL TEXTURE
[ ] [24] EXCAVATION DEPTH
[ ] [25] EXCAVATION AREA
[ ] [26] REPLACEMENT MATERIAL

SETBACKS
[ ] [27] SURFACE WATER
[ ] [28] DITCHES
[ ] [29] PRIVATE WELLS
[ ] [30] PUBLIC WELLS
[ ] [31] IRRIGATION WELLS
[ ] [32] POTABLE WATER LINES
[ ] [33] BUILDING FOUNDATION
[ ] [34] PROPERTY LINES
[ ] [35] OTHER _____

FILLED/MOUND SYSTEM
[ ] [36] DRAINFIELD COVER
[ ] [37] SHOULDERS
[ ] [38] SLOPES
[ ] [39] STABILIZATION MATERIAL Y 12 10 05

ADDITIONAL INFORMATION
[ ] [40] UNOBSTRUCTED AREA
[ ] [41] STORMWATER RUNOFF
[ ] [42] ALARMS
[ ] [43] ~~MAINTENANCE AGREEMENT~~
[ ] [44] BUILDING AREA
[ ] [45] PLUMBING FIXTURES
[ ] [46] FINAL SITE GRADING
[ ] [47] CONTRACTOR _____
[ ] [48] OTHER _____

ABANDONMENT
[ ] [49] TANK PUMPED ___/___/___
[ ] [50] TANK CRUSHED AND FILLED ___/___/___

EXPLANATION OF VIOLATIONS:
[ ] _____
[ ] _____
[ ] _____
[ ] _____

CONSTRUCTION [APPROVED/DISAPPROVED]: Tony Wakulla DATE 8/18/06

FINAL SYSTEM [APPROVED/DISAPPROVED]: Tony Wakulla DATE: 8/28/06

FLORIDA DEPARTMENT OF HEALTH

Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

SYSTEM PROVISO FOR: [redacted] **PERMIT#** [redacted]

READ VERY CAREFULLY

You have been issued a permit for an elevated system. The following instructions must be followed precisely in order for the system to be installed correctly, function properly and be approved for use.

An exact 4 corner flagged area (HAS/(HAS NOT) been laid out for your drainfield location. Its' dimensions (ARE/SHOULD BE): 12.5' x 25'. The system **MUST** be installed in the approved flagged location. Under NO circumstances are the drainfield flags to be moved. A $125 re-evaluation fee will be charged to replace missing or damaged flags. **Note to Installer:** *DO NOT INSTALL SYSTEM* if the approved flagged area is not found. A system NOT installed exactly within the area **WILL NOT BE APPROVED** and a re-inspection fee will be charged to you as well.

A Temporary Benchmark/Reference Point has been set to determine system elevation. The Benchmark/Reference point location is: EBM 11.72' at front of lot in big tree to the South
Note to installer: *DO NOT INSTALL SYSTEM* if the TBM/RP is not found. A system NOT installed at the correct elevation **WILL NOT BE APPROVED** and a re-inspection fee will be charged.

The bottom of the drainfield is to be 1 (INCHES/FEET) (AT / ABOVE /(BELOW) the level of the Temporary Benchmark/Reference Point. This will require a **MINIMUM** of 22 inches of clean, dry sand quality fill from the existing grade UP TO the bottom of the drainfield. Also, enough clean fill is needed to construct the following: A 4 foot sand shoulder completely surrounding the drainfield and a 17 foot slope (5' to 1' ratio, hay and grass seed stabilized) **OR** a 10 ~~foot slope (3' to 1' ratio, sod stabilized)~~ extending from the upper edge of the 4 foot shoulder completely back down to the surrounding grade. ~~The top of sod stabilized mounds~~ MAY be stabilized with sod or hay and seed. All fill for the system MUST be stabilized.

There must also be 6 to 12 inches of clean sand fill cover over the entire finished system, with a minimum of 6 inches present at the edges. The top of the mound **MUST BE CROWNED** with up to 6 inches of additional cover OVER the 6 inch minimum. The crown may be in the center, on an end or on one side to shed rainfall. The finished system height will be a **MINIMUM** 40 inches high from the toe of the slope to the top of the shoulder BEFORE the crown.

Total system dimensions MUST be either 54.5 ft by 67 ft (5' to 1' slopes) **OR** 40.5 ft by 53 ft (3' to 1' slopes, sodded) for FINAL SYSTEM APPROVAL.

SPECIAL NOTE: Your system CANNOT be approved without stabilization or an approved potable water supply. Please notify the Wakulla County Health Department when these items have been completed. A Certificate of Occupancy WILL NOT be issued without Septic Tank Final Approval. ALSO: Pump / lift station with conspicuously mounted AV alarm will be required IF gravity flow is not possible.

Wakulla County Community Development Department

P.O. Box 1210, Crawfordville, FL 32327 – Phone: (850)926-3695 – Fax: (850)926-1528

Development Permit Application No. 05-1661

Proposed Development: Construct SFD on Vacant lot

Property Owner: [redacted]

Mary Ester, FL 32569

Agent: _____

Home Phone: _____

Work Phone: _____

Agent Phone: _____

Current Zoning Designation: RR1 Land Use Plan Designation Rural2 Use: 0000

Map Number 2 Parcel Number 82 Acreage —

Subdivision Mysterious Waters (unrec) Lot(s) _____ Block —

Plat Book — Page — OR Metes & Bounds: OR Book 2816 Page 20

Tax ID: [redacted]

Homestead: Yes ___ No X

Wind Speed: 110mph ___ 120mph X Exposure: B X C ___

NFIP No: 120315 - 0250B Index: 6/2/92 Zone: A BFE: 12'

NFIP No: 120315 - — Index: 11/16/83 Floodway: Yes ___ No X

FEMA LOMA completed on: — Revised Flood Zone: — BFE: —

Existing Driveway: Yes ___ No X E911 Address: [redacted] E911 Map # 96

Impact Fee: Residential: Yes X No ___ Non-Residential: Yes ___ No X Based upon $1246.79 Per unit

Site Plan: Attach Copy and Identify with this Corresponding Development Application Form.

~~Special Approval Conditions/Restrictions:~~ (Additional Regulations May Apply That Effect Your Property, Such As From A Homeowner's Association, And It Is The Property Owner's Responsibility To Ensure Compliance With These Restrictions)

Reference File: SDL: _____ SP: _____ Other: _____

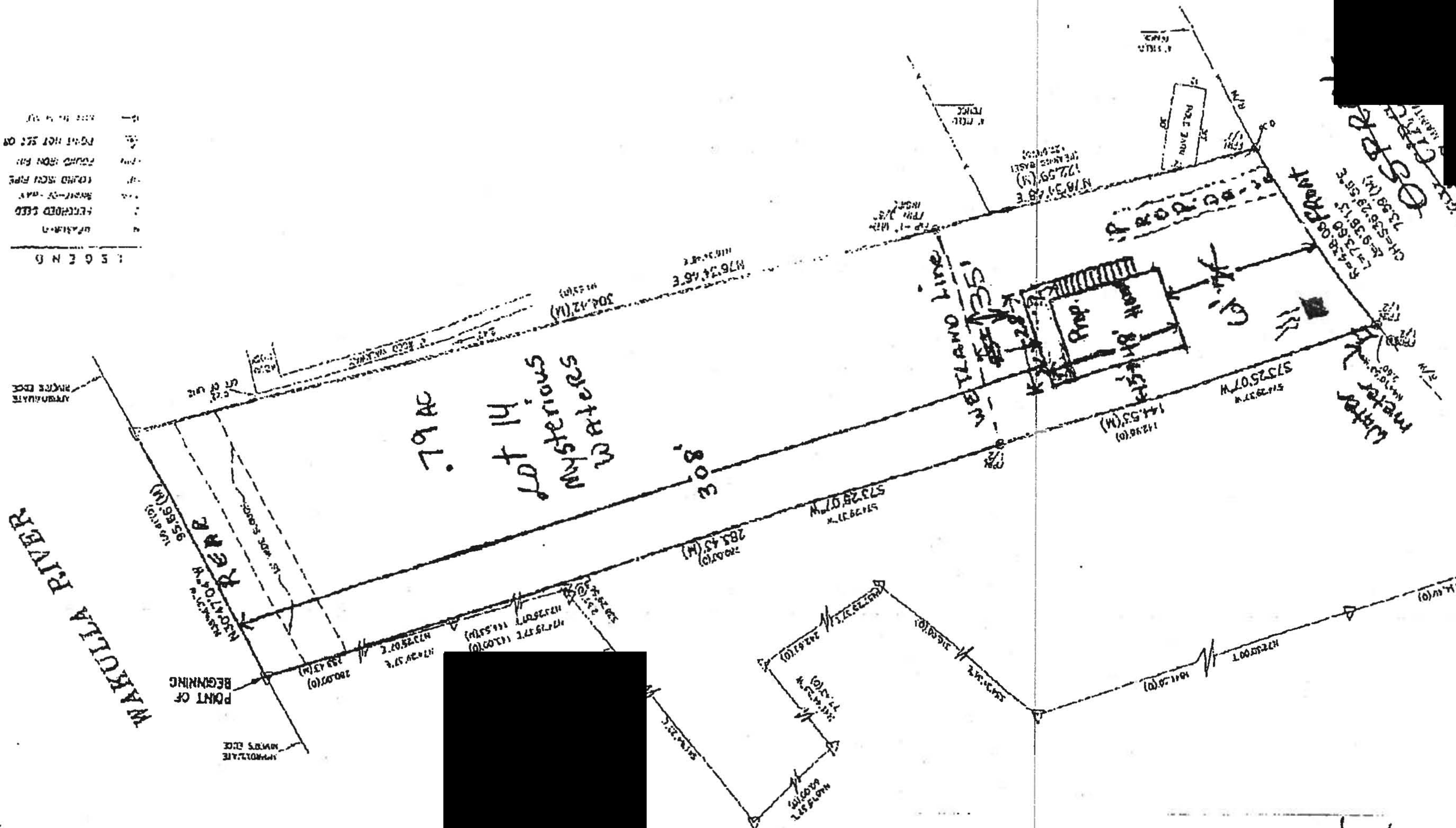
Development Reviewed By: SGaylon Date: 11-4-05 Development Approved By: [signature] Date: 11-7-05

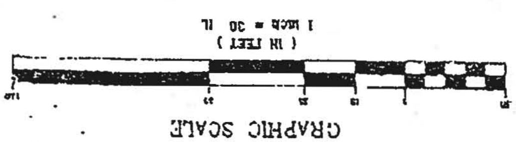
Site Plan Approved By: [signature] Date: 11/7/05 Fee Collected: [signature] Receipt # 796697

FEES:
- **A $20.00 Fee will be assessed for all Applications***
- **An additional $50.00 Fee will be assessed for Driveway Permits**
- **Sign Permit Fees: Additional $50.00 for an on-premise sign**
  Additional $100.00 for an off-premise sign

***Application Fees are Non-Refundable and Non-Transferable.**

Revised September 29, 2005





DPA No: 05-1661 **DATE:** 11/7/05

Approved By: [signature]

This site plan accurately depicts all existing and proposed site development.

Applicant Info:

Name: DEBRA Weldon/ Jim Walter Homes

Address: 2535 W. Tennessee St.

City/State/Zip: Tallahassee

Signature: Debra J. Weldon

Your signature signifies that you represent the info on this site plan is true & correct.

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

PERMIT NO. [redacted]
DATE PAID: 11-17-05
FEE PAID: 240
RECEIPT #: [redacted]

APPLICATION FOR:
[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: [redacted]

AGENT: DEBRA WELDON / Jim Walter Homes Inc TELEPHONE: 850 997.4722

MAILING ADDRESS: 2535 W. Tennessee St Tallahassee FL 32304

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.

PROPERTY INFORMATION

LOT: 14 BLOCK: _____ SUBDIVISION: Musterious Waters WAKulla Co. PLATTED: _____

PROPERTY ID #: [redacted] ZONING: RR1 I/M OR EQUIVALENT: [Y / (N)]

PROPERY SIZE: 0.79 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [✓] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: [redacted]

BUILDING INFORMATION [✓] RESIDENTIAL [ ] COMMERCIAL R.

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Single family Dwelling	2	~~1064~~ 960	D.W.
2				
3				
4				

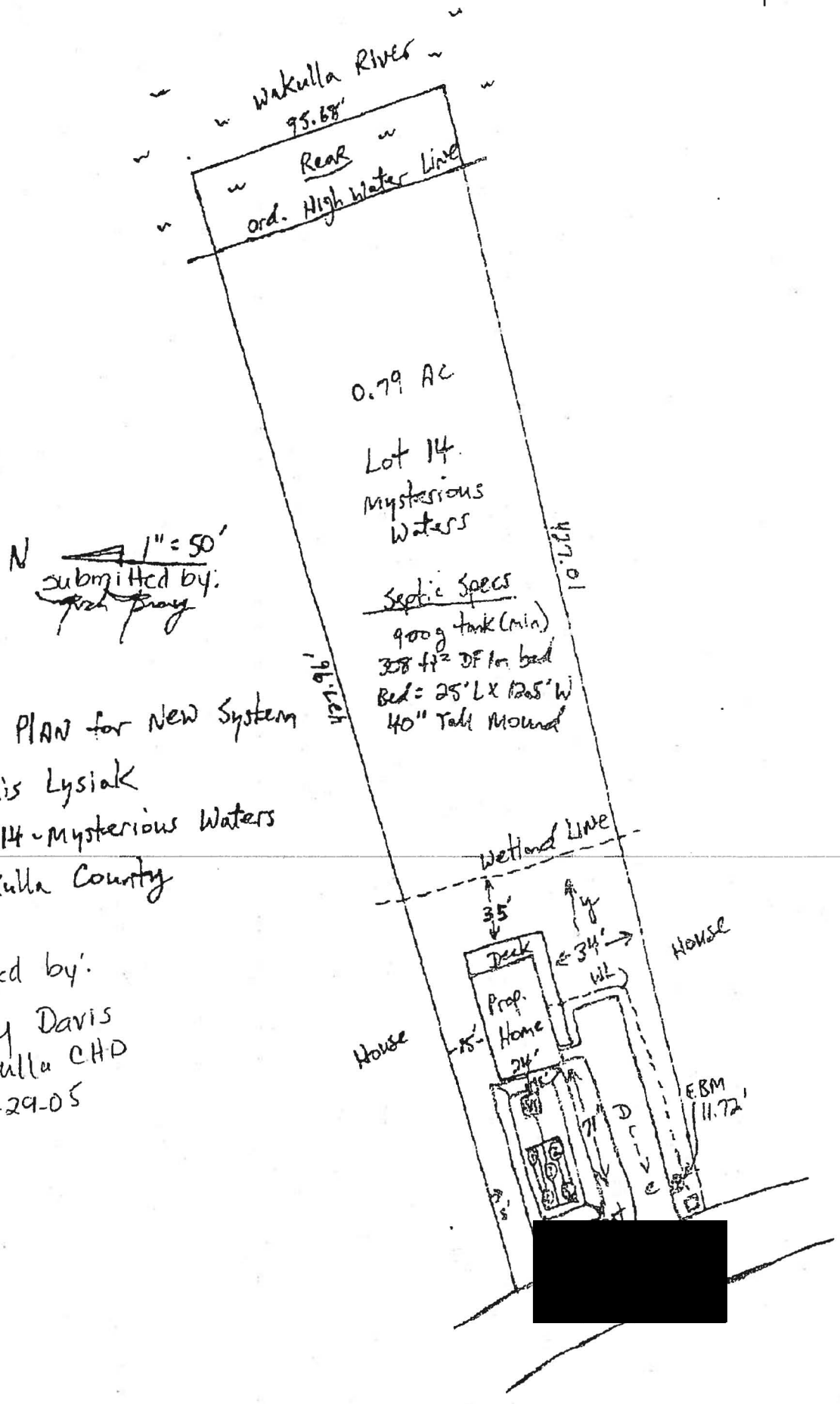
[ ] Floor/Equipment Drains [ ] Other (Specify) _____

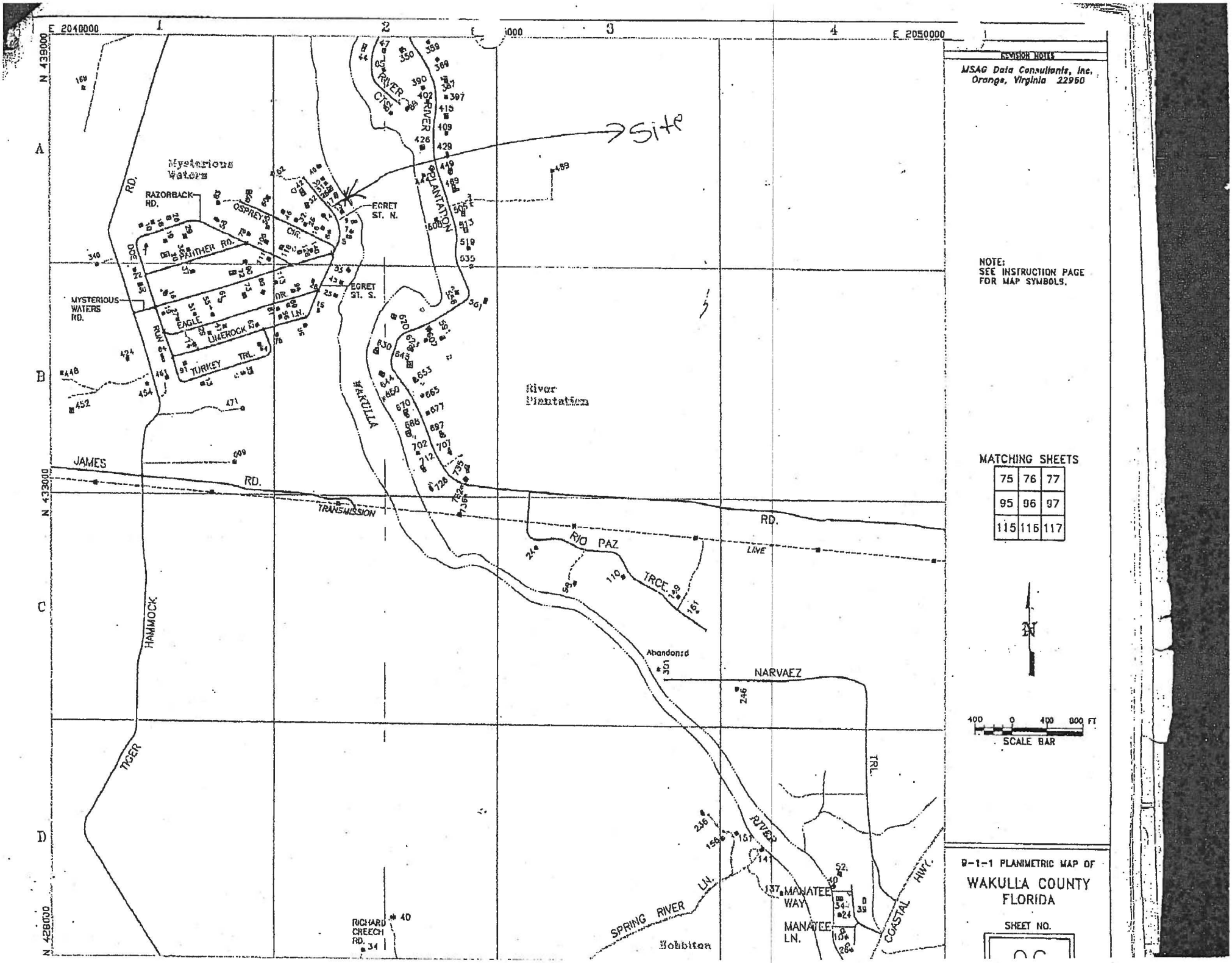
SIGNATURE: Debra Weldon / Jim Walter Homes DATE: 11-16-05

DH 4015, 10/97 – Page 1 (Previous editions may be used)
Stock Number: 5744-001-4015-1

11/3/2005 11:20 PM FROM: Fax Apalachee Environmental, Inc. TO: 8509321134 PAGES: 001 OF 003

05-701N
Lysiak




E 2040000
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Site
Mysterious Waters
RAZORBACK RD.
OSPREY CIR.
GAITHER RD.
EAGLE RUN
LIMEROCK TRL.
TURKEY TRL.
MYSTERIOUS WATERS RD.
EGRET ST. N.
EGRET ST. S.
RIVER CIR.
RIVER PLANTATION
River Plantation
WAKULLA
JAMES RD.
TRANSMISSION LINE
RIO PAZ TRCE.
HAMMOCK RD.
TIGER RD.
Abandoned
NARVAEZ TRL.
RIVER
SPRING RIVER LN.
MANATEE WAY
MANATEE LN.
COASTAL HWY.
RICHARD CREECH RD.
Hobbton
REVISION NOTES
MSAG Data Consultants, Inc.
Orange, Virginia 22960
NOTE:
SEE INSTRUCTION PAGE
FOR MAP SYMBOLS.
MATCHING SHEETS
75 76 77
95 96 97
115 116 117
N
400 0 400 800 FT
SCALE BAR
9-1-1 PLANIMETRIC MAP OF
WAKULLA COUNTY
FLORIDA
SHEET NO.

JOB LOCATION Crawfordville (CITY) Wakulla (COUNTY)

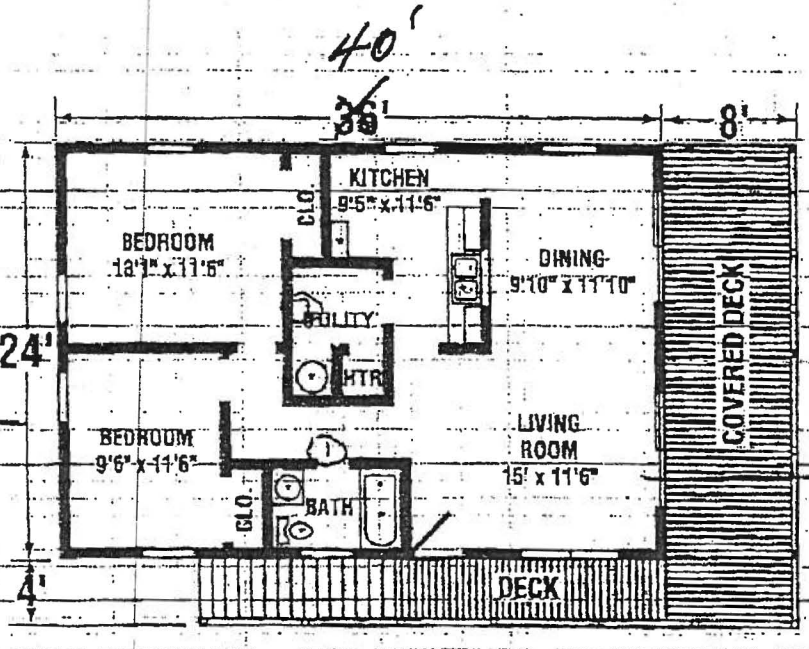
BRANCH NAME Tallahassee

DIRECTIONS TO JOB SITE - BE SPECIFIC! See Attached

DRAW ALL CHANGES, MODIFICATIONS, OR REVISIONS IN SPACE BELOW.

SEE EXHIBIT "B" FOR A DESCRIPTION OF AVAILABLE OPTIONS AND COMPLETION STAGES

Cost of Job 84,220.



① One 2'8" Bathroom Door ~~like~~ Standard

② One Exterior Electrical Panel Box

③ 2 - 2 Ft ~~Additions~~

1-1/2 x 4 Stair

Initial

Sheet 1 of 2

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

PERMIT #: [redacted]

APPLICANT: [redacted] AGENT: JWH Homes

LOT: 14 BLOCK: ______ SUBDIVISION: Mysterious Waters - Wakulla Co.

PROPERTY ID #: [redacted] [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTEMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINNEERS 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: 0.79 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 200 GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2]
AUTHORIZED SEWAGE FLOW: 1975 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1200 SQFT UNOBSTRUCTED AREA REQUIRED: 616 SQFT

BENCHMARK/REFERENCE POINT LOCATION: ERM 11 72' at front of lot (la big tree to the south)
ELEVATION OF PROPOSED SYSTEM SITE IS 23" [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: 278 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: 5 FT POTABLE WATER LINES: 10 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: NA FT MSL/NGVD

SOIL PROFILE INFORMATION SITE (1) (2)

MUNSELL #/COLOR	TEXTURE	DEPTH	(2)
10yr 5/1 Gr	FS	0 TO 5"	0-6"
10yr 6/2 Lt Gr Br	FS	5" TO 15"	6"-14"
5yr 8/1 White	FS	15" TO 23"	14"-45"
10yr 7/1 Lt Gr	Limestone	23" TO 72"	45"-72"
5yr 8/1 White	& Clay	TO	
		TO	
		TO	
		TO	
		TO	

USDA SOIL SERIES: Pilgrims Like

(2): Moriah Like

SOIL PROFILE INFORMATION SITE (3)

MUNSELL #/COLOR	TEXTURE	DEPTH
10yr 5/1 Gr	FS	0 TO 6"
10yr 6/2 Pale Br	FS	6" TO 14"
5yr 8/1 White	FS	14" TO 20"
10yr 7/1 Lt Gr	Limestone	20" TO 72"
5yr 8/1 White	& Clay	TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: Pilgrims Like

OBSERVED WATER TABLE: 41" INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 20" INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: [ ] YES [✓] NO MOTTLING: [✓] YES [ ] NO DEPTH: 20" INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Mound Bed FS 0.65 DEPTH OF EXCAVATION: NA INCHES
DRAINFIELD CONFIGURATION: [ ] TRENCH [✓] BED [✓] OTHER (SPECIFY) Mound
REMARKS/ADDITIONAL CRITERIA: 5 borings made. Most restrictive was rock at 20" below nat. grade
Recommended Septic Specs: 900g tank (minimum) → 308 ft² DF in bed 25' L x 12.5' W
= 40" Tall Mound Req'D

SITE EVALUATED BY: RICH BRAY MPH CERT 050036 DATE: 11-3-05

DH 4015, 10/96 (Replaces HRS-H Form 4015 [page 3] which may be used)

Sheet 2 of 2

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

PERMIT #: [redacted]

APPLICANT: [redacted] AGENT: JWH Homes

LOT: 14 BLOCK: _____ SUBDIVISION: Mysterious Waters - Wakulla Co.

PROPERTY ID #: _____ [Section/Township/Parcel No. or Tax ID Numbe

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTEMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINNEE MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEM

PROPERTY SIZE CONFORMS TO SITE PLAN: [√] YES [ ] NO NET USABLE AREA AVAILABLE: 0.79 ACR
TOTAL ESTIMATED SEWAGE FLOW: See Sheet GALLONS PER DAY [RESIDENCES-TABLE 1/OTHER-TABLE2
AUTHORIZED SEWAGE FLOW: See Sheet GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1 SQFT UNOBSTRUCTED AREA REQUIRED: _____ SQ

BENCHMARK/REFERENCE POINT LOCATION: EBM 11.72' at front of lot
ELEVATION OF PROPOSED SYSTEM SITE IS 23" [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POI

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATUR
SURFACE WATER: 278 FT DITCHES/SWALES: NA FT NORMALLY WET? [ ] YES [√]
WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: NA FT NON-POTABLE: NA
BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 10

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

SOIL PROFILE INFORMATION SITE (4)

MUNSELL #/COLOR	TEXTURE	DEPTH
10yr 5/1 Gr	FS	0 TO 5"
10yr 7/4 Pale Br	FS	5" TO 16"
5yr 8/1 White	FS	16" TO 46"
10yr 6/6 Br Yell }	Limestone	46" TO 72"
5yr 8/1 White }	+ Clay	TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: Moriah Like.

SOIL PROFILE INFORMATION SITE (5)

MUNSELL #/COLOR	TEXTURE	DEPTH
10yr 5/1 Gr	FS	0 TO 6"
10yr 7/4 Pale Br	FS	6" TO 14"
5yr 8/1 White	FS	14" TO 48"
10yr 6/6 Br Yell }	Limestone	48" TO 72
5yr 8/1 White }	+ Clay	TO
		TO
		TO
		TO
		TO

USDA SOIL SERIES: Moriah Like

OBSERVED WATER TABLE: 41" INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARE
ESTIMATED WET SEASON WATER TABLE ELEVATION: 20" INCHES [ABOVE / BELOW] EXISTING GR
HIGH WATER TABLE VEGETATION: [ ] YES [√] NO MOTTLING: [√] YES [ ] NO DEPTH: 20" INC

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Mound Bed @ 0.65 DEPTH OF EXCAVATION: NA INC
DRAINFIELD CONFIGURATION: [ ] TRENCH [√] BED [√] OTHER (SPECIFY) Mound
REMARKS/ADDITIONAL CRITERIA: 5 borings made. Most restrictive was rock at 20" below nat. grad

See Sheet 1

SITE EVALUATED BY: RICH BRAY MPH CERT 050036 DATE: 11-3-05

DH 4015, 10/96 (Replaces HRS-H Form 4015 [page 3] which may be used)