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

encl.: Residential Evaluation Survey
RESIDENTIAL EVALUATION SURVEY

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

Street Address: [Redacted]
City: Crawfordville
State: FL
Zip Code: 32327

Mailing Address (if different from above): [Redacted]

Daytime Phone (Work or Cell): [Redacted]
Evening phone (Home or Cell): [Redacted]

Parcel #: ________________________
Designer: ________________________
Installer: ________________________

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): 1 M 1 F
      Children (<13): 1 M 1 F
      Teenagers (13-17): 1 M 1 F
   b. Guests (Approximate number and frequency): ________________________
   c. Number of bedrooms: 2
      Number of bathrooms: 2
   d. Number of pets: Dogs 1 Cat 1 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 Regenrant? 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

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

APPLICANT:

PROPERTY ADDRESS:
LOT:  14  BLOCK:  ---  SUBDIVISION:  Mysterious Waters
PROPERTY ID #:

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 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 PERMITS 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  ---  MOUND BED [ ]
R [ ] SQUARE FEET  ---  SYSTEM [ ]
X CONFIGURATION:  [ ] TRENCH  [X] BED [ ]
N [ ] 2
F LOCATION OF BENCHMARK:  EBM 11.72' AT Front of lot (in big tree to the South)
I ELEVATION OF PROPOSED SYSTEM SITE  [2.3] [INCHES/FT]  [ABOVE/BELLOW] BENCHMARK/REFERENCE POI
E BOTTOM OF DRAINFIELD TO BE  [ ] [INCHES/FT]  [ABOVE/BELLOW] BENCHMARK/REFERENCE POI
L [40] INCHES  EXCAVATION REQUIRED: [ — ] INCHES
D [ ] INCHES  EXCAVATION REQUIRED: [ — ] INCHES
O OTHER SPECIFICATIONS BY: Rich Bray  TITLE: private evaluator
S BUILDING DEPT:  Kathy Davis  TITLE: ESI
A APPROVED BY:  Kathy Davis  TITLE: ESI
F FROM WAKULLA CO.  "All setbacks must be met."

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

DH 4016, 12/99 (Page 1) (Previous Editions May Be Used)  Page 1 of 3
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE DISPOSAL SYSTEM  
CONSTRUCTION INSPECTION AND FINAL APPROVAL  

Authority: Chapter 381, FS & Chapter 10D-6, FAC  

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DEPARTMENT OF HEALTH  
RECEIPT #  
ONSITE SEWAGE DISPOSAL SYSTEM FEE PAID  
CONSTRUCTION INSPECTION AND FINAL APPROVAL  

Authoriti: Chapter 381, FS & Chapter 10D-6, FAC  

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APPLICANT  

PROPERTY STREET ADDRESS:  

LOT:  
BLOCK:  
SUBDIVISION:  

PROPERTY ID #:  


---  

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

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TANK INSTALLATION  

[01] TANK SIZE [1] [050] [2]  
[02] TANK MATERIAL  
[03] OUTLET DEVICE  
[04] MULTI-CHAMBERS  
[05] LEGEND  
[06] WATERTIGHT  
[07] LEVEL  
[08] DEPTH OF LID  

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  

DRAINFIELD INSTALLATION  

[09] AREA [1] [31] [2] SQFT  
[10] DISTRIBUTION BOX/HEADER  
[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  

FILLED/MOUND SYSTEM  

[36] DRAINFIELD COVER  
[37] SHOULDERS  
[38] SLOPES  
[39] STABILIZATION MATERIAL  

ADDITIONAL INFORMATION  

[40] UNOBSTRUCTED AREA  
[41] STORMWATER RUNOFF  
[42] ALARMS  
[43] MAINTENANCE AGREEMENT  
[44] BUILDING AREA  
[45] PLUMBING FIXTURES  
[46] FINAL SITE GRADING  

FILL/EXCAVATION MATERIAL  

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

ABANDONMENT  

[49] TANK PUMPED  
[50] TANK CRUSHED AND FILLED  

EXPLANATION OF VIOLATIONS:  

---  

CONSTRUCTION [APPROVED/DISAPPROVED]:  

---  

FINAL SYSTEM [APPROVED/DISAPPROVED]:  

---  

DH 4014, 9/96 [Replaces NHEEM Form 4016 (page 2) which may be used]  
[Block Number: 5744-002-4016-4]  

APPLICANT  

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Page 2 of
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 bag 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 _ _ INCHES/FEET (AT / ABOVE / BELOW) the level of the Temporary Benchmark/Reference Point. This will require a MINIMUM of _ _ 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 _ _ foot slope (5' to 1' ratio, hay and grass seed stabilized) OR a _ _ foot slope (3' to 4' 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 _ _ INCHES high from the toe of the slope to the top of the shoulder BEFORE the crown.

Total system dimensions MUST be either _ _ ft by _ _ ft (5' to 1' slopes) OR _ _ ft by _ _ 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: A Pump Lift Station with conspicuously mounted 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] Home Phone: [Redacted]
Agent: [Redacted] Work Phone: [Redacted]

Current Zoning Designation: R-1 Land Use Plan Designation: C1 Use: 0000
Map Number: 2 Parcel Number: 63
Subdivision: Mysterious Waters Lot(s): 2

Tax ID: [Redacted]

Wind Speed: 110mph 120mph X Exposure: B V C
NFIP No: 120315 - C250B Index: 6/2/92 Zone: A BFE: 12
NFIP No: 120315 - X 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 #: 90
Impact Fee: Residential: Yes No X Non-Residential: Yes No X Based upon $1246.00 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: [Redacted] Date: 11-7-05
Development Approved By: [Redacted] Date: 11-7-05
Site Plan Approved By: [Redacted] Date: 11-7-05 Fee Collected: [Redacted] Receipt #: 8766

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

Applicant Info:
Name: DEBRA WEBER  JIM WALTER
Address: 2535 WY Tennessee St.
City/State/Zip: Tallahassee
Signature: Debra J. Weber

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

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

APPLICANT: ____________________________

AGENT: ________________________________

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 §89.105(3)(m) OR §89.552, FLORIDA STATUTES.

PROPERTY INFORMATION
LOT: 14  BLOCK: _____  SUBDIVISION: Mysterious Waters  PLATTED: _______

PROPERTY ID #______________________  ZONING: RE1 I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 0.79 ACRES  WATER SUPPLY: [ ] PRIVATE PUBLIC [ V ]<2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: ________________________________

BUILDING INFORMATION
[ ] RESIDENTIAL  [ ] COMMERCIAL

<table>
<thead>
<tr>
<th>Unit No</th>
<th>Type of Establishment</th>
<th>No. of Bedrooms</th>
<th>Building Area Sqft</th>
<th>Commercial/Institutional System Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single Family Dwelling</td>
<td>2</td>
<td>960 D.W.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SIGNATURE: ________________  DATE: 11-16-05
Site Plan for New System

Dennis Lysiak
Lot 14 - Mysterious Waters
Wakulla County

Approved by:
Kathy Davis
Wakulla CHD
11-29-05
**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH**  
**ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM**  
**SITE EVALUATION AND SYSTEM SPECIFICATIONS**

**APPLICANT:**  
**AGENT:** JWH Homes

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

**PROPERTY ID #:** [redacted]

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**PROPERTY SIZE CONforms TO SITE PLAN:**  
- [✓] Yes [ ] No  
  - Net Usable Area Available: 0.79 Acres  
- Total Estimated Sewage Flow: 200 Gallons per Day  
- Authorized Sewage Flow: 1975 Gallons per Day  
- Unobstructed Area Available: 1200 SQFT

**BENCHMARK/REFERENCE POINT LOCATION:**  
- Elevation of Proposed System Site is 23" [INCHES/FT] [ABOVE/BELLOw] BENCHMARK/REFERENCE POINT

**THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:**  
- Surface Water: 27 FT  
- Ditches/Swales: Y/N  
- Wells: Public: N/A FT, Limited Use: Y/N FT, Private: N/A FT  
- Building Foundations: N/A FT  
- Property Lines: N/A FT  
- Potable Water Lines: N/A FT

**SITE SUBJECT TO FREQUENT FLOODING:**  
- [ ] Yes [✓] No

**10 YEAR FLOODING:**  
- [ ] Yes [✓] No

**10 YEAR FLOOD ELEVATION FOR SITE:** N/A FT

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### SOIL PROFILE INFORMATION SITE 1

<table>
<thead>
<tr>
<th>Munsell #/Color</th>
<th>Texture</th>
<th>Depth</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>10C-8/4 R</td>
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<td>0-5</td>
</tr>
<tr>
<td>5C-7/4 R</td>
<td>EF</td>
<td>0-5</td>
</tr>
<tr>
<td>1B8-7/4 R</td>
<td>3 clayey Clay</td>
<td>0-7</td>
</tr>
<tr>
<td>2B8-7/4 R</td>
<td>3 clayey Clay</td>
<td>0-7</td>
</tr>
<tr>
<td>2B8-7/4 R</td>
<td>3 clayey Clay</td>
<td>0-7</td>
</tr>
</tbody>
</table>

**USDA SOIL SERIES:** Platora like

**OBSERVED WATER TABLE:** 4" INCHES [ABOVE / BELOW] EXISTING GRADE

**ESTIMATED WET SEASON WATER TABLE ELEVATION:** 20" INCHES [ABOVE / BELOW] EXISTING GRADE

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### SOIL PROFILE INFORMATION SITE 2

<table>
<thead>
<tr>
<th>Munsell #/Color</th>
<th>Texture</th>
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<tbody>
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<td>EF</td>
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</tr>
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<td>0-5</td>
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</tr>
<tr>
<td>2B8-7/4 R</td>
<td>3 clayey Clay</td>
<td>0-7</td>
</tr>
</tbody>
</table>

**USDA SOIL SERIES:** Alapora like

**OBSERVED WATER TABLE:** 4" INCHES [ABOVE / BELOW] EXISTING GRADE

**ESTIMATED WET SEASON WATER TABLE ELEVATION:** 20" INCHES [ABOVE / BELOW] EXISTING GRADE

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**SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING:** Modified bed: 0.65 DEPTH OF EXCAVATION: N/A INCHES

**DRAINFIELD CONFIGURATION:** Trench

**REMARKS/ADDITIONAL CRITERIA:** S. horidanus mode, most restrictive was rock of 20" below nat. grade

**Recommended Septic Size:** 900 USG

**DATE:** 11-3-05

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**SITE EVALUATED BY:** Rich Bray MPH CERT 050036
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM  
SITE EVALUATION AND SYSTEM SPECIFICATIONS  

APPLICANT: [Redacted]  
AGENT: JTH James  
LOT: 14  
BLOCK: [Redacted]  
SUBDIVISION: Mysteries Waters - Wakulla Co.  

PROPERTY ID #:  

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

PROPERTY SIZE CONFORMS TO SITE PLAN: [✓] YES [ ] NO NET USABLE AREA AVAILABLE: 0.79 ACRE  
TOTAL ESTIMATED SEWAGE FLOW: 3,757 GALLONS PER DAY [RESIDENCES-TABLE]  
AUTHORIZED SEWAGE FLOW: 3,757 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]  
UNOBSTRUCTED AREA AVAILABLE: YES  

BENCHMARK/REFERENCE POINT LOCATION: E8m 11.77' AT front of lot  
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: 275' FT  
DITCHES/SWALES: 15 FT  
WELLS: PUBLIC: 6 FT LIMITED USE: 40 FT PRIVATE: 105 FT NON-POTABLE: 105 FT  
BUILDING FOUNDATIONS: 5 FT  
PROPERTY LINES: 5 FT  
POTABLE WATER LINES: 10 FT  

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [✓] NO  
10 YEAR FLOOD ELEVATION FOR SITE: 23' FT MSL/NGVD  
SITE ELEVATION: 23' FT MSL/NGVD  

SOIL PROFILE INFORMATION SITE  

<table>
<thead>
<tr>
<th>MUNSELL # COLOR</th>
<th>TEXTURE</th>
<th>DEPTH</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>3H 1/4 Poly.</td>
<td>S</td>
<td>6&quot; TO 11&quot;</td>
<td></td>
</tr>
<tr>
<td>3H 1/2 Poly.</td>
<td>S</td>
<td>11&quot; TO 18&quot;</td>
<td></td>
</tr>
<tr>
<td>3H 1/2 Poly.</td>
<td>S</td>
<td>18&quot; TO 30&quot;</td>
<td></td>
</tr>
<tr>
<td>3H 1/2 Poly.</td>
<td>S</td>
<td>30&quot; TO 45&quot;</td>
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</tr>
<tr>
<td>3H 1/2 Poly.</td>
<td>S</td>
<td>45&quot; TO 60&quot;</td>
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</tbody>
</table>

USDA SOIL SERIES: Marial/Like  

OBSERVED WATER TABLE: 1" INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPAREL]  
ESTIMATED WET SEASON WATER TABLE ELEVATION: 20" INCHES [ABOVE / BELOW] EXISTING GPA  
HIGH WATER TABLE VEGETATION: [ ] YES [✓] NO  
HOTILING: [✓] YES [ ] NO  
DEPTH OF EXCAVATION: 15 INCHES  

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Mound Bed 0.15  
DRAINFIELD CONFIGURATION: [ ] TRENCH  
BED [ ] OTHER (SPECIFY)  

REPORTED ADDITIONAL CRITERIA: S boring mode. Most restrictive was rock at 30" below msl.  

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

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