

Attachment 4,
Permits from Florida Department of Health



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

PERMIT #: **43-SS-1848764**
APPLICATION #: **AP1345612**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR1155620**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: RICK MELCHIORI (HOBE SOUND EQUESTRIAN, LLC (MAINTENANCE))
PROPERTY ADDRESS: 3331 SE Southhampton Way Hobe Sound, FL 33455
LOT: _____ BLOCK: _____ SUBDIVISION: Hobe Sound Polo Club
PROPERTY ID #: 14-39-41-000-002-00000-9 [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 [1,650] GALLONS / GPD _____ Septic _____ CAPACITY
A [] GALLONS / GPD _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [1,050] GALLONS DOSING TANK CAPACITY [119.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [2]
D [960] SQUARE FEET Low Pressure Dose Trench SYSTEM
R [] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [] STANDARD [x] FILLED [] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: center of 3x3 utility box adjacent to se corner of d/f. 63"
I ELEVATION OF PROPOSED SYSTEM SITE [19.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [3.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [34.00] INCHES EXCAVATION REQUIRED: [54.00] INCHES

O Each pump serves 1/2 of required absorption are. Pumps to dose alternately

T
H
E
R Pumps must be certified as suitable for distributing sewage effluent.

SPECIFICATIONS BY: Paul C Stemle TITLE: Environmental Specialist II

APPROVED BY: _____ TITLE: Environmental Specialist II Martin CHD
Paul C Stemle

DATE ISSUED: 10/02/2018 EXPIRATION DATE: 04/02/2020

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

Incorporated: 64E-6.003, FAC

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



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

PERMIT #: **43-SS-1848796**
APPLICATION #: **AP1345634**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR1155328**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: RICK MELCHIORI (HOBE SOUND EQUESTRIAN, LLC (CLUBHOUSE))
PROPERTY ADDRESS: 2645 SE BRIDGE Rd Hobe Sound, FL 33455
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 14-39-41-000-002-00000-9 [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 [2,500] GALLONS / GPD Septic Tank in Series CAPACITY
A [2,500] GALLONS / GPD Septic Tank In Series CAPACITY
N [2,000] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [3,000] GALLONS DOSING TANK CAPACITY [663.33]GALLONS @ [6]DOSES PER 24 HRS #Pumps [2]
D [5,280] SQUARE FEET Low Pressure Dosed Trenc SYSTEM
R [] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [X] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: Survey Marker in Ground - TP 8006 (22.92' NAVD)-E of Clubhouse - Edge of Berm
I ELEVATION OF PROPOSED SYSTEM SITE [62.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [92.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [72.00] INCHES

O Each pump serves 1/2 of required absorption area pumps to dose alternately.
T Pumps must be certified as suitable for distributing sewage effluent.
H PE Design Required.
E The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with
R s. 64E-6.013(3)(f), FAC.
All Specification by Jonathan T. Ricketts FL P.E. 38799
Sign off from Design Engineer required prior to final approval by FL-DOH Martin County. NLC
Commercial Operating permit must be issue prior to final approval. NLC

SPECIFICATIONS BY: _____ TITLE: _____

APPROVED BY: Nicholas L Clifton TITLE: Environmental Supervisor Martin CHD

DATE ISSUED: 09/28/2018 EXPIRATION DATE: 03/28/2020

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

Incorporated: 64E-6.003, FAC

NOTICE OF RIGHTS

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Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



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

PERMIT #: **43-SS-1848773**
APPLICATION #: **AP1345620**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR1155657**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: RICK MELCHIORI (HOBE SOUND EQUESTRIAN, LLC (RESTROOM))
PROPERTY ADDRESS: 2645 SE BRIDGE Rd Hobe Sound, FL 33455
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 14-39-41-000-002-00000-9 [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 [1,050] GALLONS / GPD Septic w/ filter Per Eng. CAPACITY
A [] GALLONS / GPD _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [600] SQUARE FEET Trench Per Engineer SYSTEM
R [] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: SE Corner of SE Concrete Piling abutting the bridge (10.00' Ass'd)
I ELEVATION OF PROPOSED SYSTEM SITE [30.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [24.00] INCHES EXCAVATION REQUIRED: [72.00] INCHES

O
T
H
E
R
The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.
Open Pit Excavation inspection required prior to system installation.
Specifications by Jonathan T. Ricketts FL-P.E. 38799

SPECIFICATIONS BY: _____ TITLE: _____

APPROVED BY: Nicholas L Clifton TITLE: Environmental Supervisor Martin CHD

DATE ISSUED: 10/02/2018 EXPIRATION DATE: 04/02/2020

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

Incorporated: 64E-6.003, FAC

NOTICE OF RIGHTS

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