



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

FAX TO: 595-6774

PERMIT # _____

APPLICANT:

HHH Construction

ADDRESS: 1681 Cox Road

CONTRACTOR / AGENT:

J Johnson
SEPTIC TANK INC

M. David, Jr. 32568

LOT: _____

BLC _____

ID#: _____

1200 SOUTH HIGHWAY 29
Cantonment, FL 32533-6420

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

EXISTING TANK INFORMATION

abandonment

- [] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
- [] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
- [] GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____
- [] GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____ # PUMPS: []

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 09/09/13 BY Evan Johnson HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [DIMENSIONS / FILLING / LEGEND], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR

BUSINESS NAME

J Johnson
SEPTIC TANK INC

DATE

09-09-2013

EXISTING DRAINFIELD INFORMATION

- [] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
- [] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
- TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND []
- CONFIGURATION: [] TRENCH [] BED []
- DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM
- ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

- [] SYSTEM INSTALLATION DATE TYPE OF WASTE [] DOMESTIC [] COMMERCIAL
- [] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [] TABLE 1, 64E-6, FAC
- SITE CONDITIONS: [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
- [] SLOPING PROPERTY []
- NATURE OF FAILURE: [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
- [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE []
- FAILURE SYMPTOM: [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
- [] PLUMBING BACKUP []

REMARKS/ADDITIONAL CRITERIA

Septic tank was pumped and properly abandoned this date

SUBMITTED BY: _____

TITLE/LICENSE _____

DATE: _____

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

FAX TO: 595-6774

PERMIT # _____

APPLICANT: HHH Construction

ADDRESS: 1571 Cox Road

CONTRACTOR / AGENT: Johnson

M. David, Jr. 32568

LOT: _____ BLC _____

SEPTIC TANK

ID#: _____

1200 SOUTH HIGHWAY 29
Cantonment, FL 32533-6420

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SIGNATURE OF LICENSED CONTRACTOR Evan Johnson

BUSINESS NAME Johnson

DATE 09-09-2013

SEPTIC TANK

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REMARKS/ADDITIONAL CRITERIA Septic tank was pumped and properly abandoned this date

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____
 DH 4015, 08/09 (Obsoletes previous editions which may not be used)
 Incorporated 64E-6.001, FAC



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

FAX TO: 595-6774

PERMIT # _____

APPLICANT: HHH Construction / ADDRESS: 1500 Cox Road
CONTRACTOR / AGENT: Johnson Y.M. David, Jr. 32568
LOT: _____ BLC _____ **SEPTIC TANK** ID#: _____

1200 SOUTH HIGHWAY 29
Cantonment, FL 32533-6420

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SIGNATURE OF LICENSED CONTRACTOR Evan Johnson BUSINESS NAME Johnson DATE 09-09-2013
SEPTIC TANK

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REMARKS/ADDITIONAL CRITERIA Septic tank was pumped and properly abandoned this date

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

FAX TO: 595-6774

PERMIT # _____

APPLICANT: HHH Construction

ADDRESS: 1561 Cox Road

CONTRACTOR / AGENT: Johnson

M. David, Jr. 32568

LOT: _____ BLK J **SEPTIC TANK**

ID#: _____

1200 SOUTH HIGHWAY 29
Cantonment, FL 32533-6420

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SIGNATURE OF LICENSED CONTRACTOR Evan Johnson

BUSINESS NAME Johnson

DATE 09-09-2013

EXISTING DRAINFIELD INFORMATION

SEPTIC TANK

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REMARKS/ADDITIONAL CRITERIA Septic tank was pumped and properly abandoned this date

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____
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Incorporated 64E-6.001, FAC



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

FAX TO: 595-6774

PERMIT # _____

APPLICANT: HHH Construction / ADDRESS: 3420 Cox Road
 CONTRACTOR / AGENT: Johnson Y.M. David, Jr. 32568
 LOT: _____ BLC _____ SEPTIC TANK IN C _____ ID#: _____

1200 SOUTH HIGHWAY 29
Cantonment, FL 32533-6420

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

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SIGNATURE OF LICENSED CONTRACTOR Evan Johnson BUSINESS NAME Johnson DATE 09-09-2013
 SEPTIC TANK IN C

EXISTING DRAINFIELD INFORMATION
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REMARKS/ADDITIONAL CRITERIA Septic tank was pumped and properly abandoned this date

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

FAX TO: 595-6774

PERMIT # _____

APPLICANT: HHH Construction

ADDRESS: 1570 Cox Road

CONTRACTOR / AGENT: Johnson

Mrs. David, Jr. 32568

LOT: _____ BLC _____

SEPTIC TANK

ID#: _____

1200 SOUTH HIGHWAY 29
Cantonment, FL 32535-6420

TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

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SIGNATURE OF LICENSED CONTRACTOR Evan Johnson

BUSINESS NAME Johnson

DATE 09-09-2013

SEPTIC TANK

EXISTING DRAINFIELD INFORMATION

- SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
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SYSTEM FAILURE AND REPAIR INFORMATION

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REMARKS/ADDITIONAL CRITERIA Septic tank was pumped and properly abandoned this date

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Incorporated 64E-6.001, FAC



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

FAX TO: 595-6774

PERMIT # _____

APPLICANT: HHH Construction / ADDRESS: 7530 Bratt Road

CONTRACTOR / AGENT: Johnson M^r David, Fl. 32568

LOT: _____ BLC _____ SEPTIC TANK INC ID#: _____

1200 SOUTH HIGHWAY 29
Cantonment, FL 32533-6420

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SIGNATURE OF LICENSED CONTRACTOR [Signature] BUSINESS NAME Johnson DATE 09-09-2013
===== SEPTIC TANK INC =====

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ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

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PERMIT # _____

APPLICANT: HHH Construction / ADDRESS: 3420 Camp Road
CONTRACTOR / AGENT: Johnson / Mrs. David, Jr. 32568
LOT: _____ BLC _____ **SEPTIC TANK** ID#: _____

1200 SOUTH HIGHWAY 29
Cantonment, FL 32533-6420

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SIGNATURE OF LICENSED CONTRACTOR Evan Johnson BUSINESS NAME Johnson DATE 09-09-2013
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