

**NOTICE TO BIDDERS
HOUSING RECONSTRUCTION
SANTA ROSA COUNTY SHIP/HOME PROGRAM**

The Board of County Commissioners of Santa Rosa County, Florida will receive bids from qualified licensed contractors for the reconstruction of the residence located at 5651 Sunbeam Street, Milton, FL 32570. Funds have been reserved for this project through the Santa Rosa County SHIP/HOME Housing Assistance Program.

All bids must be original and delivered by hand, Fed EX, or mailed to the Santa Rosa County Procurement Department at 6495 Caroline Street Suite J, Milton, Florida 32570; and must be received by 10:00 AM local time, on April 19, 2016, at which time bids will be publicly opened and read aloud. Bids are to be sealed and clearly labeled “**BID – 5651 Sunbeam Street**”. Bids received after the time set for the bid opening will be rejected and returned unopened to the bidder. All interested parties are invited to attend.

Questions concerning this project should be directed to John Barnes of the Santa Rosa County Building Inspections Department at (850) 981-7004.

Project documents may be viewed at the Santa Rosa County Procurement Department at 6495 Caroline Street Suite J, Milton; or the Santa Rosa County Housing Department, 6051 Old Bagdad Highway, Suite 201, Milton. Plans and specifications may be secured from the Santa Rosa County Procurement Department at a non-refundable cost of \$25.00 per set. Telephone (850) 983-1870

A **MANDATORY** pre-bid conference will be held on March 30, 2016 at 10:00 AM local time, at 5651 Sunbeam Street, Milton, FL 32570. All interested parties are required to attend.

The Board of County Commissioners reserves the right to waive informalities in bids, to reject any or all bids with or without cause, and to accept the bid that in its judgment is in the best interest of Santa Rosa County, Florida.

Santa Rosa County Board of County Commissioners encourages all segments of the business community to participate in its procurement opportunities, including small businesses, minority/women owned businesses, and disadvantaged business enterprises. The Board does not discriminate on the basis of race, color, religion, national origin, disability, sex, or age in the administration of contracts.

By order of the Board of County Commissioners of Santa Rosa County, Florida

LEGAL NOTICE

One issue – Press Gazette – March 19, 2016; Navarre Press – March 24, 2016; Gulf Breeze News- March 24, 2016; and South Santa Rosa News – March 25, 2016

Bill and proof to Santa Rosa County Procurement Department, 6495 Caroline Street, Milton, Florida, 32570, ATTN: Orrin L. Smith

Santa Rosa County

Housing Program Rehabilitation Project

Address: **5651 Sunbeam St, Milton, FL 32570**

PROJECT BID ADDENDUM #1
****Include this ADDENDUM in your bid.**

The following additions/clarifications are to be incorporated into the project scope of work

1. Bid Opening is extended to May 3, 2016 by 10:00 am. The housing department is in the process of obtaining the septic tank permit. Once the permit has been received, a second addendum will be sent out containing the details of the new septic system

Total Addendum #1: _____

End of ADDENDUM #1.

Santa Rosa County

Housing Program Rehabilitation Project

Address: **5651 Sunbeam St, Milton, FL 32570**

PROJECT BID ADDENDUM #2
****Include this ADDENDUM in your bid.**

The following additions/clarifications are to be incorporated into the project scope of work

1. Please find attached the septic tank permit issued by County Environmental Health Department. The septic tank installation should be included in your original bid, therefore, you should not list additional cost on this page

Total Addendum #2: \$0.00

End of ADDENDUM #2.



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

PERMIT #: 57-SG-1673874
APPLICATION #: AP1233964
DATE PAID: 4-15-16
FEE PAID: 483.00
RECEIPT #: 2923901
DOCUMENT #: PR1015159

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: Ronny Sipes
PROPERTY ADDRESS: 5651 Sunbeam St Milton, FL 32570
LOT: na BLOCK: na SUBDIVISION: M&B
PROPERTY ID #: 34-2N-28-0000-01500-0000 [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 [900] GALLONS / GPD Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [375] SQUARE FEET SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: nail in tree
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R
Install a new 900 gal septic tank system with 375 sq ft drainfield. Maintain all setbacks in accordance with FAC 64E-6. Above must be completed prior to Final Inspection & Approval. A re-inspection fee will be charged for additional inspections. Abandon existing tank per code.
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.
The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with

SPECIFICATIONS BY: Christopher J Mauldin TITLE: Environmental Specialist II

APPROVED BY: Christopher J Mauldin TITLE: Environmental Specialist II Santa Rosa CHD

DATE ISSUED: 04/22/2016 EXPIRATION DATE: 10/22/2017

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



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE DISPOSAL SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

No. 2019

PERMIT NO. A 1233964
DATE PAID: 4-15-16
FEE PAID: 483.00
RECEIPT #: 2023904
Thom Davis 4/18/16

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Ronny Sipes

AGENT: Erin Malbeck, SBC Housing Dept TELEPHONE: 981-7092

MAILING ADDRESS: 6051 Old Bagdad Hwy, Ste 201 Milton 32583

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: N/A BLOCK: 01500 SUBDIVISION: N/A PLATTED: N/A
metes & bounds

PROPERTY ID #: 342N280000015000000 ZONING: R1 I/M OR EQUIVALENT: (Y / N)

PROPERTY SIZE: .346 ACRES WATER SUPPLY: [] PRIVATE PUBLIC <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 5651 Sunbeam St, Milton FL 32570

DIRECTIONS TO PROPERTY: Go North on Stewart St, take right on Munson Hwy, take left on Econfina St, once you cross over Blackwater Bike Trail is 1st house on left facing Sunbeam St.

BUILDING INFORMATION

RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sq Ft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SFR	3	1100	
2				
3				DIG TICKET #: <u>099609513</u>
4				DATE READY TO DO: <u>4-13-16</u>
				EXPIRATION DATE: <u>5-5-16</u>

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

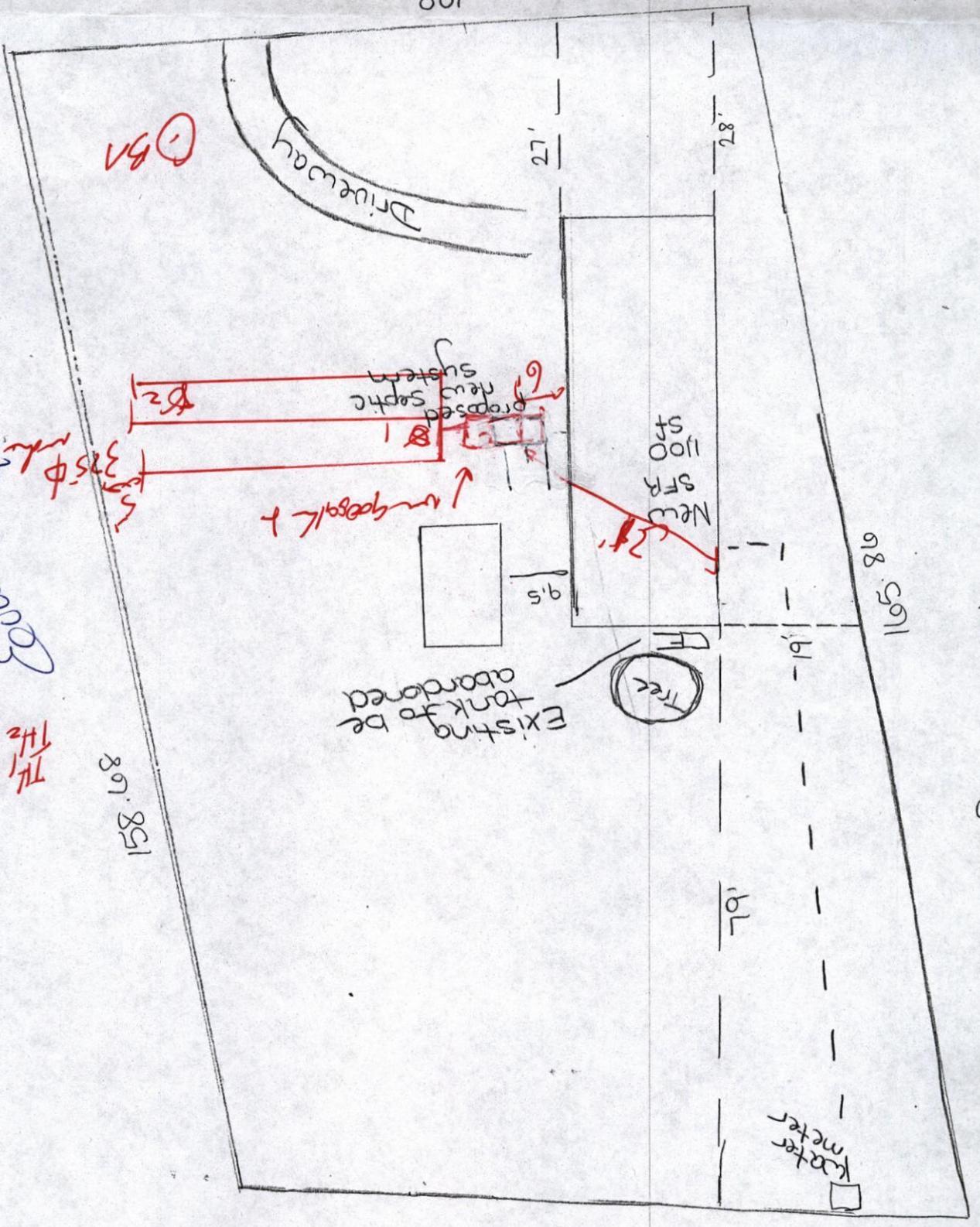
SIGNATURE: Erin R Malbeck DATE: 4-7-16

Call 412275

34 2N 28 0000 01500 0000

5151 Sunbeam St

100



1"=20'

Exam to Mark by 4-7-16

325φ

TL 24'LN
142 2411W

158.68

Existing tank to be abandoned

Tree

New SFR 9FR
1100 SF

proposed new septic system

B1

B2

↑ unapproved

water meter

99.95

Sun Ray St

AP 1233964

SFR approx 145

SFR approx 152

15.00
245.00

This Warranty Deed

AP-1233964

Made this 7th day of August A.D. 2000
by Camille Malone Fiveash, a married woman

* OFFICIAL RECORDS * 1of3
BK 1843 PG 249

hereinafter called the grantor, to
Ronny L. Sipes

FILE # 200030543
RCD: Aug 10 2000 @ 01:06PM

DEED DOC STAMPS \$245.00

whose post office address is: X 5651 Sunbeam St.
MILTON, FL 32570

Mary M Johnson, Clerk Of Courts,
SANTA ROSA COUNTY

Grantees' SSN: X 464-72-4041

hereinafter called the grantee:

(Whenever used herein the term "grantor" and "grantee" include all the parties to this instrument and the heirs, legal representatives and assigns of individuals, and the successors and assigns of corporations)

Witnesseth, that the grantor, for and in consideration of the sum of \$ 10.00 and other valuable considerations, receipt whereof is hereby acknowledged, hereby grants, bargains, sells, aliens, remises, releases, conveys and confirms unto the grantee, all that certain land situate in Santa Rosa County, Florida, viz:

See Schedule A attached hereto and by this reference made a part hereof.

SUBJECT TO Covenants, restrictions, easements of record and taxes for the current year.

Said property is not the homestead of the Grantor(s) under the laws and constitution of the State of Florida in that neither Grantor(s) or any members of the household of Grantor(s) reside thereon.

Parcel Identification Number: 34-2N-28-0000-01500-0000

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining. To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances except taxes accruing subsequent to December 31, 99

In Witness Whereof, the said grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in our presence:

Peggy S. Owens
Name: Peggy S. Owens

Camille Malone Fiveash LS
Name & Address: Camille Malone Fiveash

Donna Ard
Name: Donna Ard

Name & Address: _____ LS

Name: _____

Name & Address: _____ LS

Name: _____

Name & Address: _____ LS

State of Florida
County of Escambia

5789 Truluck Ave
Milton, FL 32570

The foregoing instrument was acknowledged before me this 7th day of August, 2000, by Camille Malone Fiveash, a married woman

who is personally known to me or who has produced a current driver's license as identification.

Peggy S. Owens
Notary Public
Print Name: _____
My Commission Expires: _____

THIS INSTRUMENT PREPARED BY:
Peggy S. Owens, an employee of
Lawyers Title Agency of North Florida, Inc.
2100 Creighton Road
Pensacola, Florida 32504
File No: 5A-60832

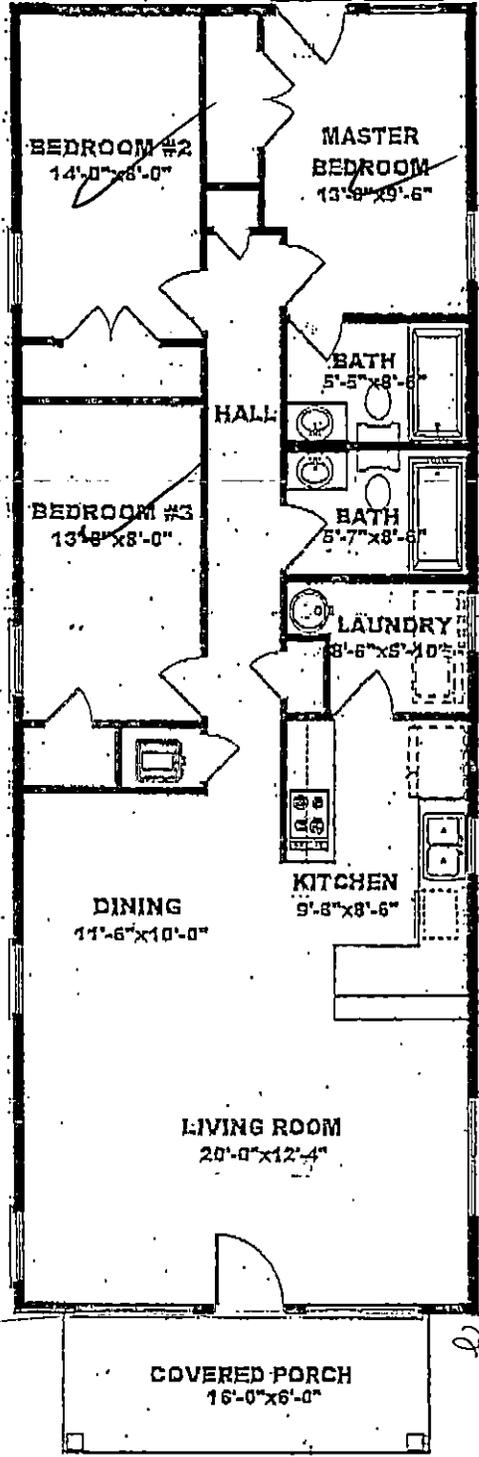
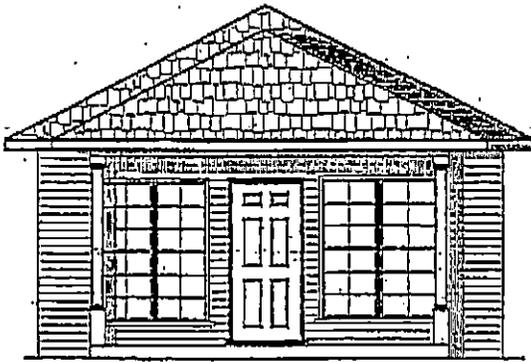
PEGGY S. OWENS
State of Florida
My Comm Exp Dec 26, 2003
Comm. # CC 866315

AP
1233964

Schedule A

Commencing at the Northwest parcel of that parcel of real estate described in that certain Warranty Deed given by Laurie Harter to I.E. Thompson and wife, Lydia Thompson on September 13, 1955, which is recorded on pages 181-182, Deed Book 120 of Santa Rosa County, Florida, for the Point of Beginning; thence South along the West line of the aforementioned parcel of real estate 100 feet and corner; thence East to the East line of the aforementioned parcel of real estate and corner; thence North to the North line and Northeast corner of the aforementioned parcel of real estate and corner; thence at least 151.2 feet to the Point of Beginning. It is the intention of the grantors to convey and the grantees to receive the North 100 feet of the real estate described in the deed given by the Harters to the Thompsons, recorded on pages 181-182 of Deed Book 120, in Section 34, Township 2 North, Range 28 West.

AP
1233964



By signing below, I, Raymond L. Sipes, agree to allow the SRC Housing Program staff to order these particular housing plans for the construction of my new home under the Demolition/Reconstruction Program.

Applicant: Raymond L. Sipes

Date: 12-3-2015

←
E.S.H.
4/27/16

TOME HUNT
RESIDENTIAL DESIGNS, INC.
945 W. Michigan Ave., Unit 6C
Pensacola, FL 32507

1100-S1-3013
WEST FLORIDA REGIONAL
PLANNING



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

PERMIT # AP 1233904

APPLICANT: 5651 Sunbean Street

CONTRACTOR / AGENT :

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

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

[700] GALLONS SEPTIC TANK / GPD ATU LEGEND: _____ MATERIAL: Concrete BAFFLED: [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 3 / 31 / 16 BY Joshua A. Carter, 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

Carter and Sons Septic Tank Service, Inc.
 SIGNATURE OF LICENSED CONTRACTOR BUSINESS NAME DATE

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 [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
 CONDITIONS: [] 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 700 gallon concrete tank has deteriorating sidewalls, full of roots and a tree growing on top and is not a good tank

SUBMITTED BY: [Signature] TITLE / LICENSE Owner/Vice-President DATE: 4/4/2016
 DH 4015, 08/09 (obsoletes previous editions which may not be used)
 Incorporated 64E-6.001, FAC

Date: 3-28-16

AD
1233964

TO: Santa Rosa County Environmental Health

I, Bonny Sipes, owner of property located at
5651 Sunbeam St Milton 32570, agree to allow Erin Malbeck, Santa Rosa
County Housing Program Coordinator, to act as my agent on my behalf to obtain a permit from the
County Health Department for a new septic system.

If you have any questions, please contact Erin Malbeck at 850-981-7092

Bonny Sipes

APPLICATION INFORMATION

DATE 4-7-16 APPLICATION # AP1233964
NAME OF APPLICANT ~~Bobby~~ Ronny Sipes

CHECK WITH YOUR WATER COMPANY & ZONING -- REMEMBER FEES ARE NOT REFUNDABLE

Is sanitary sewer available? Yes No Connection to sewer must occur within 365 days of availability.

For Existing & Repairs -- When was system installed? before 1984 Occupied by tenant? Since 2000

Do you have any pets? They must be restrained during inspection.

Is this property zoned Industrial Manufacturing? Yes* No

Will you have an irrigation system or an irrigation well? Yes* No

Will the structure be served by a public water system or a private well? Public Water Private Well

If private well answer the following: Will it serve 2 or more rental units? Yes No

Will it serve a business? Yes No

If the answer was yes to either of the two preceding questions, please consult with the Limited Use Public Water Coordinator prior to continuing.

Do you plan to put in a pool? Yes* No

Are there any structures on adjacent properties? Yes* No

Do you plan to have any outbuildings, such as separate garage, workshop or storage building? Yes* No

Are there any recorded easements on your property? Yes* No

Does your property slope? Yes* No

Would you like a separate laundry system? Yes No - If Yes, indicate location of both on plot plan.

Are there any drainage features, surface waters, filled areas, or jurisdictional wetlands located on or adjacent to your property? Yes* No

Are there any underground cables or utilities near the test site? Yes* No

Do your neighbors have a septic tank, well, wetlands or surface waters within 100 feet of your property? Yes* No

Are there any public wells within 200 feet of your property? Yes* No

All questions marked yes* must be shown on the plot plan.

Any change in the above conditions and/or site information will result in permit being revoked and will require a new site evaluation and new permit with all new additional fees.



Florida Department of Health in Santa Rosa County
5527 Stewart St Milton, FL 32572

PAYING ON: PERMIT # 57-SG-1673874 BILL DOC # 57-BID-3058021 CONSTRUCTION APPLICATION #: AP1233964
 RECEIVED FROM: Erin Malbeck AMOUNT PAID: \$ 483.00
 PAYMENT FORM: CHECK 139935 PAYMENT DATE: 04/15/2016

MAIL TO: Ronny Sipes

FACILITY NAME : _____

PROPERTY LOCATION:

5651 Sunbeam St
Milton, FL 32570

Lot: na Block: na

Property ID: 34-2N-28-0000-01500-0000

EXPLANATION or DESCRIPTION:	QUANTITY	FEE
-1 - OSTDS Construction Application and Plan Review, New	1	\$ 100.00
123 - OSTDS Construction Site Evaluation	1	\$ 115.00
126 - OSTDS Construction Permit (New or Mod, Amendment)	1	\$ 55.00
127 - OSTDS Construction System Inspection	1	\$ 75.00
128 - OSTDS Construction System Inspection Research Fee	1	\$ 5.00
-1 - OSTDS - New System - County Fee	1	\$ 133.00

RECEIVED BY: SchofieldLD

AUDIT CONTROL NO. 57-PID-2923901



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

APPLICATION # AP1233964
PERMIT # 57-SG-1673874
DOCUMENT # SE993248

APPLICANT: Ronny Sipes

CONTRACTOR / AGENT: Erin Malbeck

LOT: na BLOCK: na

SUBDIVISION: M&B ID#: 34-2N-28-0000-01500-0000

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS 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: 0.35 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY [RESIDENCES-TABLE1 / OTHER-TABLE 2]
AUTHORIZED SEWAGE FLOW: 875.00 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 1000.00 SQFT UNOBSTRUCTED AREA REQUIRED: 563.00 SQFT

BENCHMARK/REFERENCE POINT LOCATION: nail in tree

ELEVATION OF PROPOSED SYSTEM SITE 24.00 [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: n/a FT DITCHES/SWALES: n/a FT NORMALLY WET: [] YES [] NO
WELLS: PUBLIC: n/a FT LIMITED USE: n/a FT PRIVATE: n/a FT NON-POTABLE: n/a FT
BUILDING FOUNDATIONS: 6 FT PROPERTY LINES: 5 FT POTABLE WATER LINES: 31 FT

SITE SUBJECT TO FREQUENT FLOODING? [] YES [] NO 10 YEAR FLOODING? [] YES [] NO

10 YEAR FLOOD ELEVATION FOR SITE: _____ FT [MSL / NGVD] SITE ELEVATION: _____ FT [MSL / NGVD]

SOIL PROFILE INFORMATION SITE 1

USDA SOIL SERIES:Lakeland sand, 0 to 5 percent s		
Munsell #/Color	Texture	Depth
10YR 3/2	Loamy Sand	0 To 5
10YR 5/4	Loamy Sand	5 To 16
10YR 5/8	Loamy Sand	16 To 48
10YR 7/4	Loamy Sand	48 To 72

SOIL PROFILE INFORMATION SITE 2

USDA SOIL SERIES:Lakeland sand, 0 to 5 percent s		
Munsell #/Color	Texture	Depth
10YR 3/2	Loamy Sand	0 To 6
10YR 5/4	Loamy Sand	6 To 18
10YR 5/8	Loamy Sand	18 To 46
10YR 7/4	Loamy Sand	46 To 72

OBSERVED WATER TABLE: 72.00 INCHES [ABOVE / BELOW] EXISTING GRADE TYPE: [PERCHED / APPARENT]

ESTIMATED WET SEASON WATER TABLE ELEVATION: 72 INCHES [ABOVE / BELOW] EXISTING GRADE

HIGH WATER TABLE VEGETATION: [] YES [] NO MOTTLING: [] YES [] NO DEPTH: _____ INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: Loamy Sand/0.80 DEPTH OF EXCAVATION: _____ INCHES

DRAINFIELD CONFIGURATION: [] TRENCH [] BED [] OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA

SITE EVALUATED BY: [Signature] DATE: 04/22/2016

Mauldin, Christopher (Title: Environmental Specialist II) (Department of Health in Santa Ros