

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

July 13, 2015

L.J. Gators LLC
Lanny P. Gardner
Registered Agent
27205 Overseas Highway
Ramrod Key, Florida 33042

NOTICE OF VIOLATION

Re: Onsite Wastewater System

Dear Mr. Gardner,

A comparison of the site plan originally filed with this office to "the existing system evaluation" report submitted by your licensed contractor, reveals there have been unpermitted modifications to the onsite wastewater system serving Boondocks Restaurant, 27205 Overseas Highway, Ram Rod Key, Florida. The evaluation shows the addition of a 300 gallon tank and small drain field, the absence of the required grease interceptor and floor drains redirected into an adjoining onsite wastewater system. These modifications were completed without FDOH approval and permits.

The relevant section of the Florida Administrative Code states:

"No portion of an onsite sewage treatment and disposal system shall be installed, repaired, altered, modified, abandoned or replaced until an "Onsite Sewage Treatment and Disposal System Construction Permit" has been issued on Form DH 4016..." – Ch. 64E-6.003(1) F.A.C.

Moreover, on or about May 1, 2015, a representative of the Florida Department of Health in Monroe County, counted 207 full service seats at your establishment. The estimated daily maximum water flow for a facility with this number of seats is 8,280 gallons per day, based upon statutory calculations. The current seating capacity significantly exceeds the originally permitted number, and water usage by this number of patrons outstrips the capacity of the existing wastewater system to function properly.

For your information, Florida Statutes place your establishment in the jurisdiction of the Florida Department of Environmental Protection, (Florida Statutes Ch. 381.0065(3)(b)).

You are hereby notified to: (1) immediately reduce your seating to the original 65 single-service seats, (2) apply for a modification permit KE-16-96 for the additional 300 gallon tank and drain field, (3) apply for a modification to permit 44-SK-00440 (05-0453-N) to include the waste from floor drains, (4) identify the location of the missing grease interceptor and (5) provide property ownership details with the application materials to establish if a utility easement is necessary between the two properties.

Florida Department of Health
Monroe County Health Department
102050 Overseas Highway • Key Largo, FL 33037
PHONE: 305/453-8752 • FAX 305/292-6872

www.FloridasHealth.com
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

These actions must be completed by September 1, 2015. Failure to comply with these requirements may result in fines or further legal action.

Should you have specific questions about the technical aspects of the Florida Administrative Code and its requirements, please do not hesitate to contact me directly at (305) 453-8752, or Jane Parthemore at (305) 809-5678.

Yours truly,



William G. Brookman M.P.H.
Director
Community Health Services

Copies: Robert Eadie, Administrator, Florida Department of Health in Monroe County
Jane Parthemore, Supervisor, Florida Department of Health in Monroe County
Tracie Dickerson, Senior Legal Counsel, Dade and Monroe Health Departments
Gus Rios, Administrator, Florida Department of Environmental Protection

Enclosure: Contractor's Existing System Evaluation submitted 6/16/2015



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

PERMIT # _____

APPLICANT: _____

LJ EATERS LLC Boonlocks

CONTRACTOR / AGENT: _____

PARADISE PLUMBING OF KEY WEST INC.

LOT: _____

BLOCK: _____

SUBDIV: _____

RAMON Key PT

ID#: _____

0011030-000

27205 OVERSEAS HIGHWAY RAMON Key

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 FAST ATU TANK & FILTER BOX WERE ALSO PUMPED

[<u>1200</u>]	GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: <u>concrete</u>	BAFFLED: [Y / <u>(N)</u>]
[<u>1200</u>]	GALLONS SEPTIC TANK/GPD ATU	LEGEND: _____	MATERIAL: <u>concrete</u>	BAFFLED: [Y / <u>(N)</u>]
[<u>300</u>]	GALLONS GREASE INTERCEPTOR	LEGEND: <u>N/A</u>	MATERIAL: <u>concrete</u>	
[_____]	GALLONS DOSING TANK	LEGEND: _____	MATERIAL: _____	# PUMPS: [_____]

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON 5/13/15 BY Paradise Plumbing, 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 _____

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 [_____] HYDRAULIC OVERLOAD [_____] SOILS [_____] MAINTENANCE [_____] SYSTEM DAMAGE
FAILURE: [_____] DRAINAGE / RUN OFF [_____] ROOTS [_____] WATER TABLE [_____]
FAILURE [_____] SEWAGE ON GROUND [_____] TANK [_____] D BOX/HEADER [_____] DRAINFIELD
SYMPTOM: [_____] PLUMBING BACKUP [_____]

REMARKS/ADDITIONAL CRITERIA All tanks on site were pumped & inspected
All tanks were watertight, water levels were normal.

SUBMITTED BY: _____

PROVIDENT

TITLE/LICENSE _____

RF-0059335

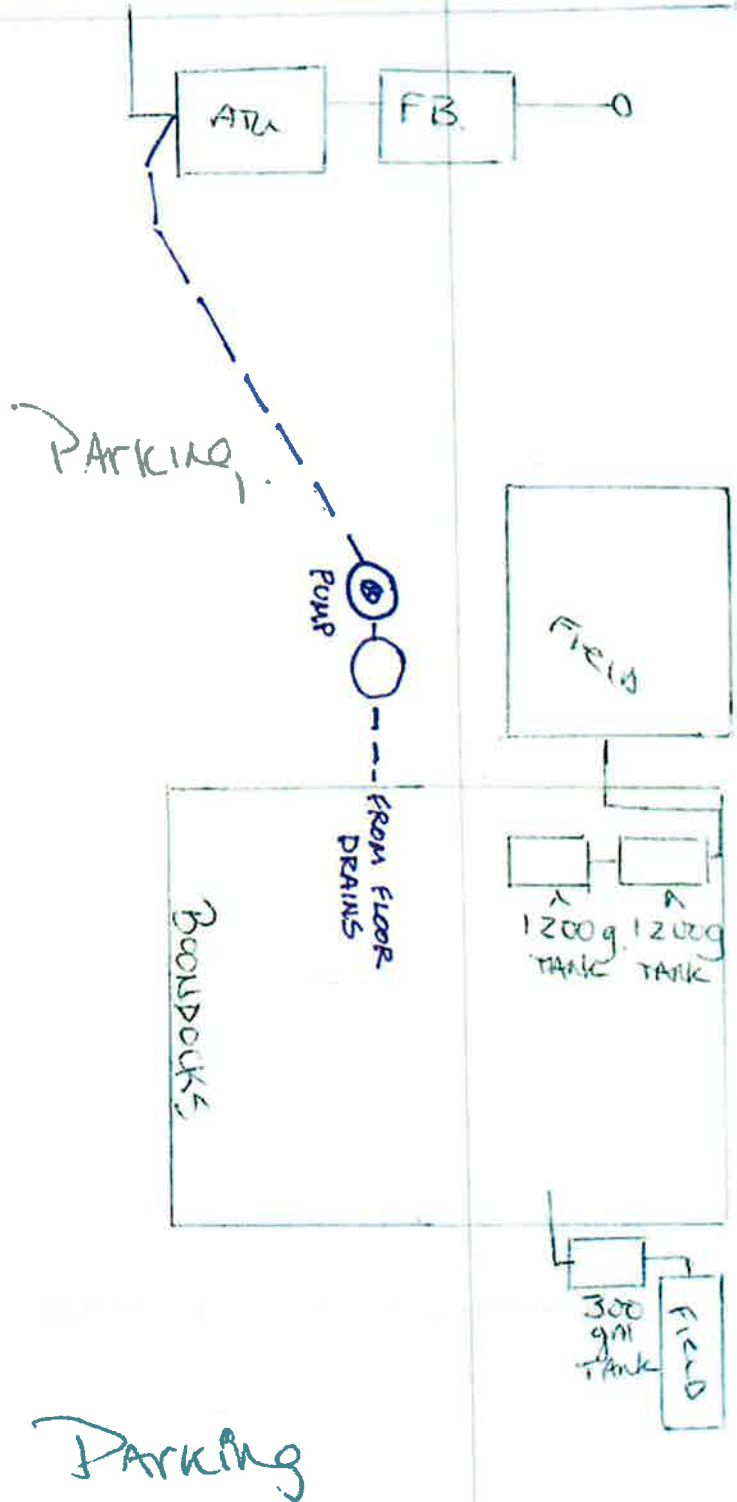
DATE: _____

6-16

DH 4015, 08/09 (Obsoletes previous editions which may not be used)

Incorporated 64E-6.001, FAC SCOTT STANLEY

Golf Course Area



NOTE:

FLOOR DRAIN SEPTIC ADDSD
BY W. BRADMAN FROM VENTIL.
DESCRIPTION SUBMITTED BY CHRISTINA
PAPER OF HOUSE CONCEPT SERVICES.
6/17/2015

US 1.