Florida Department of Health in Palm Beach County
Notification of Fees Due

50-BID-8330210

Permit Number
50-QW-992946

For: OSTDS - Operating - Aerobic

Fee Amount:	$150.00
Previous Balance:	$0.00
Total Amount Due:	**$150.00**

Payment Due Date: 12/31/2025 or Upon Receipt

If not paid by 12/31/2025 then the fee will be:$185.00

Notice: Failure to pay by due date may result in late charges and / or enforcement action. Penalties for operating without a required permit can include fines of up to $500 per day.

Mail To: Florida Dept of Environmental Protection
10900 Jack Nicklaus Drive
North Palm Beach, FL 33408

received 12-1-25

pd 12-3-25

XA 040000

EHF Q

Please verify all information below at www.myfloridaehpermit.com and make changes as necessary.
Forward a copy of your current maintenance service agreement to

Account Information:
Name: MacArthur Beach State Park (Visitor Center)
Location: 10900 Jack Nicklaus Drive
North Palm Beach, FL 33408

Owner Information:
Name: Florida Dept of Environmental Protection
Home Phone: (561) 624-6950 Work Phone: ()
North Palm Beach, FL 33408

Permit Number: 50-QW-992946 Bill ID: 50-BID-8330210

Now 3 ways to pay; Online, by Phone, or by Check:
Pay online with a bank account or credit card at **www.MyFloridaEHPermit.com - All cards now accepted, including Visa**
Pay by Phone with a credit card; American Express, Discover, Mastercard and Visa accepted at **561-837-5903** (payments only)
If you do not pay online, make checks payable to and mail invoice WITH payment to:
Florida Department of Health in Palm Beach County
Attn: Environmental Public Health Division
P.O. Box 29
West Palm Beach, FL 33402-0029

Billing Questions call DOH-Palm Beach at: 561-837-5904

[Please detach this portion and RETURN with your payment] Batch Billing ID:112503

PERMIT HOLDERS CAN NOW

pay invoices online!

The Florida Department of Health now offers a secure system for permit holders to pay invoices and print permits online!

- No sign-up cost.
- Save time. Paying a bill online is faster than mailing a check or hand delivering payment.
- Our safe and secure system will keep your information protected.
- Pay at your convenience. With our online system, you can pay with your credit card or e-check and don't have to worry about envelopes or stamps.

Pay this invoice online at www.myfloridaehpermit.com

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM OPERATING PERMIT

Authority: Chapter 381, F.S. & Chapter 64E-6, F.A.C. Application/Permit Number 50-QW-992946

New: ___ Amended: ___ Renewal: X

Aerobic or PBTS: X Commercial: ___ Industrial/Manufacturing: ___

GENERAL INFORMATION

Property Owner Florida Dept of Environmental Protection

Work Telephone _____ Home Telephone (561)624-6950 Ext.

Address of Owner: 10900 Jack Nicklaus Dr City: North Palm Beach State FL Zip 33408

Owner Agent: Bradford Septic

Agent's Address: 525 Gator Dr City: Lake Worth State FL Zip 33462

Agent's Phone: _____ Property Street Address: 10900 Jack Nicklaus Dr

City: North Palm Beach State FL Zip 33408

Section: 10 Township: 42 Range: 43 Parcel: 68-43-42-10-02-000-0010

Lot: 0010 Block: 000 Subdivision: _____ Unit: _____

EXISTING SYSTEM INFORMATION

Please complete those items shown below which are applicable to the existing permitted onsite sewage disposal system serving the above referenced property: Onsite Sewage Treatment & Disposal System Construction Permit Number (if known): AP923097

Septic Tank(s)/Aerobic Unit 5000 gallons Grease Trap(s) _____ gallons Dosing Tank _____ gallons

Drainfield size is 4725 square feet installed in a: Mound System

The drainfield layout is in Absorption Bed

Onsite Well? Yes ___ No X System Setback to Wells _____ ft. Lot Size _____ Square Feet

Estimated sewage flow into system 2705 Gallons/Day Based on Estimated

Number of businesses or dwellings (circle one) which are being served by this onsite sewage disposal system 2

Additional Comments: Welcome Center (existing) & Learning Center (new). ATU existing - Existing system approval (AP 923097) issued.

COMMERCIAL/INDUSTRIAL/MANUFACTURING FACILITY

Please attach a business survey form for each business which is or will be served by the onsite sewage disposal system. Briefly describe the type of activities that will be supported by the onsite sewage system serving this property. _____

What is the zoning designation for the property? _____ Give a description of the zoning and examples of approved businesses in this type of zoning: _____

AEROBIC TREATMENT UNIT or PERFORMANCE BASED TREATMENT SYSTEM

Date of aerobic system installation approval: 06/02/2009 Is the aerobic treatment unit still under the manufacturer's initial two year warranty? Yes _____ No X Above 1500 Gallon Capacity: Yes

Aerobic Unit Manufacturer and Type: Clearstream 1500NC

Construction/Installation Permit Number: AP923097 Are multiple aerobic units used on the site: Yes _____ No _____

Is there an active service agreement on the aerobic treatment unit? Yes ___ No X Please attach a copy of the Agreement.

If yes, when does the service agreement expire? 8/1/2025

Who is the authorized service company providing maintenance to your unit?

Company Name Bradford Septic - Maintenance Entity Phone Number (561)848-2928 Ext.

Address 525 Gator Drive City Lake Worth Beach State FL Zip 33462

I hereby certify that the above information is accurate and a reflection of the actual conditions existing on the above referenced property. I understand that any change of occupancy or tenancy at the above location will require me to file an amendment to this operating permit.

Applicant's signature: _____ Date ___ / ___ / ___

Application Status:

Disapproved: _____ Approved: _____ Date _____

Reason: _____

By: Shari Tellman Title: _____

Florida Department of Health in Palm Beach County

DH 4081, 10/96 (Obsoletes previous editions which may not be used) Incorporated:64E-6.003,FAC

FLORIDA DEPARTMENT OF
Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jay Collins
Lt. Governor

Alexis A. Lambert
Secretary

Invoice Approval Form

Approver Information:

Email Address of the Approving Authority for your division:
Vonda.Foertmeyer@FloridaDEP.gov

Name: Vonda Foertmeyer
Division: Not Found
Phone: (561) 624-6950

General Information:

Is a Reviewing Authority required?:
N

Reviewer Information:

Email Address of the Reviewing Authority for your division:
N/A

Name: N/A
Phone: N/A

Invoice Information:

Vendor Name:	Fl Dept of Health in Palm Beach County
Payment Approval Type:	Payment Request to Other State/County Agencies (Allowable Per Directive 300)
Total Number of Invoices:	1
Description:	fee for onsite sewage treatment and disposal system operating permit for the park

Multiple Invoices/Accounts may be submitted per Agreement

Invoice Number #	**50-BID-8330210**

Submitted By E-mail:	Vonda.Foertmeyer@FloridaDEP.gov
Form Name:	MacArturBeach-Palm Bch Health Dept-120325-1
Form Type:	Invoice Approval Form

DEP 55-264