



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

PERMIT #: 12-SC-2366970
APPLICATION #: AP1728267
DATE PAID: 9/13/21
FEE PAID: 235.00
RECEIPT #: _____
DOCUMENT #: PR1647835

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: WESTRIDGE**21-0727 INC
PROPERTY ADDRESS: 577 NW INDIAN RIDGE Lake City, FL 32055
LOT: 5 BLOCK: _____ SUBDIVISION: INDIAN RIDGE PH-1
PROPERTY ID #: 01809-105 [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 Tank 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 [500] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [x] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Top of stob right side of DF.
I ELEVATION OF PROPOSED SYSTEM SITE [9.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [17.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [10.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 09/13/2021 EXPIRATION DATE: 03/13/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

SSD 243106271



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

PERMIT NO. 21-0727
DATE PAID: 4/23/09
FEE PAID: 1728.00
RECEIPT #: 172805

APPLICATION FOR:

New System [] Existing System [] Holding Tank [] Innovative
 Repair [] Abandonment [] Temporary []

APPLICANT: Rebecca Dresner

AGENT: Oda Price

TELEPHONE: 386-963-4298

MAILING ADDRESS: 3360 150th Pl. Lak City FL 32024

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. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 5 BLOCK: SUBDIVISION: Indian Ridge Phase I PLATTED:

PROPERTY ID #: 32-25-16-01809-105 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 26.43 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /] DISTANCE TO SEWER: 120 FT

PROPERTY ADDRESS: 577 NW Indian Ridge Lane Lake City FL 32055

DIRECTIONS TO PROPERTY: Head North on Hernando Ave, turn @ on Madison St Turn @ onto US 41 North, turn @ into Bascom N.W. St., turn @ onto Lake Jeffery Rd turn @ onto NW Leonia Way, turn @ onto NW Indian Ridge Lane

BUILDING INFORMATION RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Install DW MH	4	1976	
2				
3				
4				

Floor/Equipment Drains [] Other (Specify)

SIGNATURE: [Signature]

DATE: 4-23-09

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0727

----- PART II - SITEPLAN -----

Scale: 1 inch represents 40 feet and 1 inch = 40 feet.

SEE ATTACHED
SITE PLAN

Site Plan submitted by [Signature] TITLE Agent DATE: 8/25/21
Plan Approved [Signature] Not Approved _____ Date 9/15/21
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

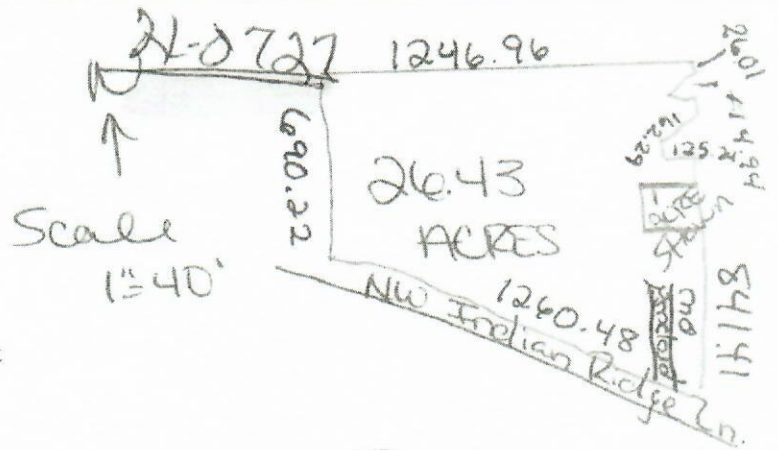
Parcel #

32-25-16-01809-105

Westridge Inc.

577 NW Indian Ridge Lane

Jake City FL 32055



Site Plan

