



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

PERMIT NO. 21-0624
DATE PAID: 7/15/21
FEE PAID: 310.00
RECEIPT #: 1292644

APPLICATION FOR:
 New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Richard Crowther (Peter LAV)

AGENT: ROBERT FORD III, NORTH FLORIDA SEPTIC TANK INC. TELEPHONE: 984-755-6472

MAILING ADDRESS: 741 SE State Rd 100, Lake City, FL 32025

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) 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: 10 BLOCK: - SUBDIVISION: Creek Run Plantation PLATTED: _____

PROPERTY ID #: 21-AS17-08031-110 ZONING: _____ I/M OR EQUIVALENT: (Y) (N)

PROPERTY SIZE: 4.92 ACRES WATER SUPPLY: PRIVATE PUBLIC I < 2000GPD I > 2000GPD

IS SEWER AVAILABLE AS PER 381.0065, F8? (Y) (N) DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 329 SE Holly Ter, Lake City, FL 32025
 DIRECTIONS TO PROPERTY: TL on Holly, TL on Cord Rd, SE, TR on Holly Ter to 329

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	home	3	1807	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature] DATE: 7-14-2021



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

PERMIT #: 12-SC-2331862
APPLICATION #: AP1697644
DATE PAID: 7/15/21
FEE PAID: 31000
RECEIPT #: _____
DOCUMENT #: PR1597516

Peter Ley

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: RICHARD**21-0624 CROWTHER
PROPERTY ADDRESS: 329 SE HOLLY Lake City, FL 32025
LOT: 10 BLOCK: _____ SUBDIVISION: CREEK RUN PLANTATION
PROPERTY ID #: 08631-110 [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 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 [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: 4x4 post N. of site.
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: [26.00] INCHES

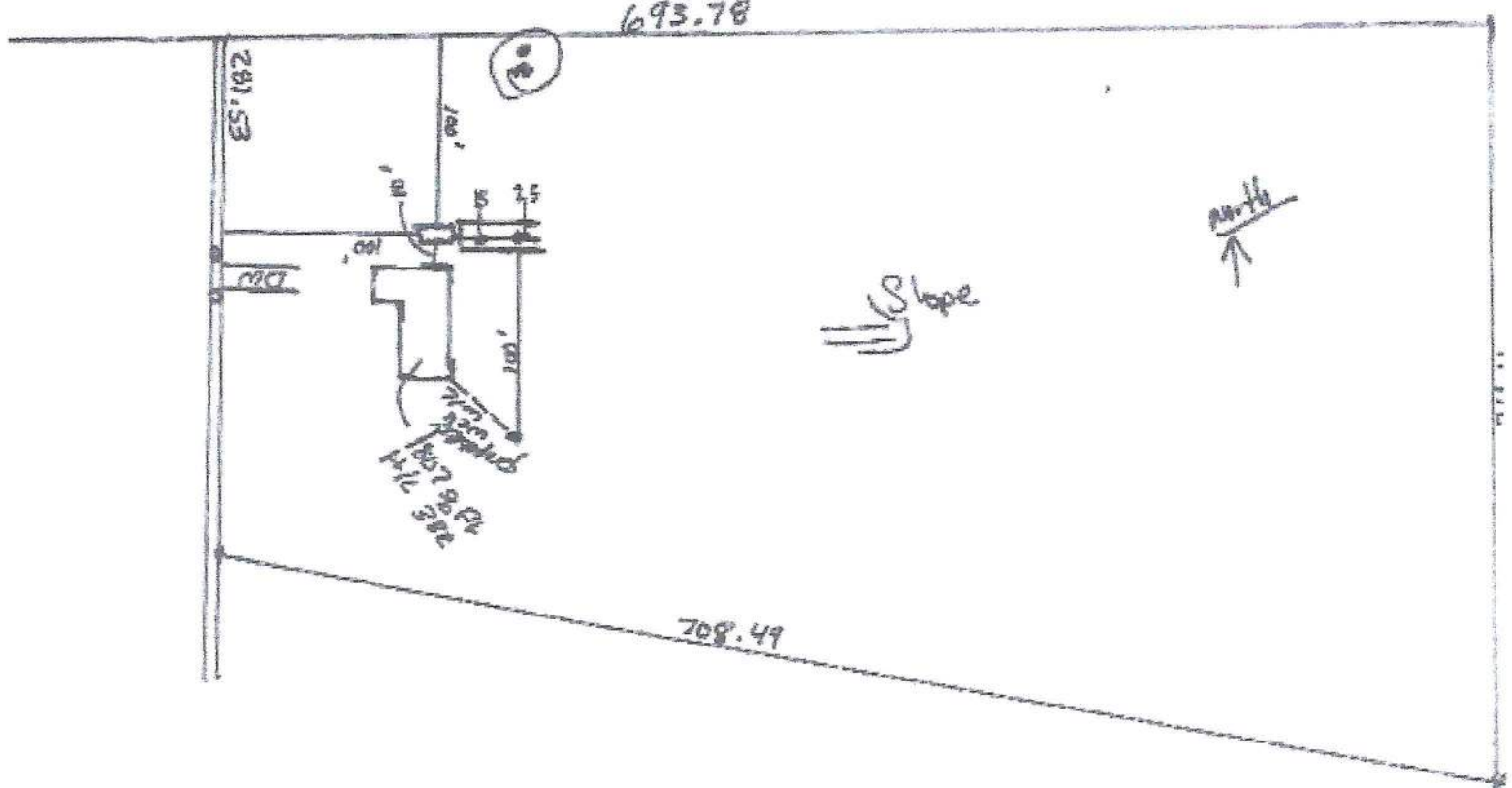
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.
**Remove all Fill Sandy Clay surface material

SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SM0081587
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 07/20/2021 EXPIRATION DATE: 01/20/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0424

Petter Lev



Notes: _____

Site Plan submitted by Robert W. Ford III, Date 7-14-2021
 Plan Approved Not Approved _____ Date 7/20/21
 by [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT