



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

PERMIT #: 12-SC-2413180  
APPLICATION #: AP1759333  
DATE PAID: 10/25/21  
FEE PAID: 21000  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1675943

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: RACHEL\*\*21-0884 ROE  
PROPERTY ADDRESS: 479 SW LIGHTWOOD Fort White, FL 32038  
LOT: 8 BLOCK: \_\_\_\_\_ SUBDIVISION: Rum Island Woods  
PROPERTY ID #: 04313-010 [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: Nail in tree S. 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: [ 0.00 ] INCHES

O 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.  
T  
H  
E  
R

SPECIFICATIONS BY: Ronald Ford TITLE: M. Lee

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 10/26/2021 EXPIRATION DATE: 04/26/2023

DR 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

SSOCOF #: \_\_\_\_\_ done by Ford's Septic on : \_\_\_\_\_ - \_\_\_\_\_ - 2020

**FW**



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

PERMIT NO. 21-0884  
DATE PAID: 10/25/21  
FEE PAID: 310.00  
RECEIPT #: 1759333

APPLICATION FOR:

- New System       Existing System       Holding Tank       Innovative
- Repair       Abandonment       Temporary       \_\_\_\_\_

APPLICANT: Rachel Roe

AGENT: Ronald Ford - Ford's Septic TELEPHONE: 386-755-6288

MAILING ADDRESS: 116 NW Lawtey Way Lake City, Florida 32055

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: 8 BLOCK: \_\_\_\_\_ SUBDIVISION: RUM ISLAND WOODS PLATTED: 1984

PROPERTY ID #: 24-7S-16-04313-010 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 5.33 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: 479 SW LIGHT WOOD PLACE FORT WHITE, FLORIDA 32038

DIRECTIONS TO PROPERTY: 47 South. (L) on 27. (R) on Shiloh Street. (L) on Spirit Avenue. (R) on Lightwood Place. Home # 479 on right.

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	<u>M.H.</u>	<u>3</u>	<u>1493</u>	<b>HEATED / COOLED SQUARE FEET TOTAL SQUARE FEET )</b>
2	_____	_____	_____	
3	_____	_____	_____	
4	_____	_____	_____	

Floor/Equipment Drains       Other (Specify) \_\_\_\_\_

SIGNATURE: Rc Ford RONALD FORD DATE: 10.20.2021



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0884

**\*\*NOT drawn to scale**

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

See  
next  
page.

Thanks!

Notes: \_\_\_\_\_

Site Plan submitted by:  RONALD FORD

Plan Approved  Not Approved \_\_\_\_\_ Date 10/26/21

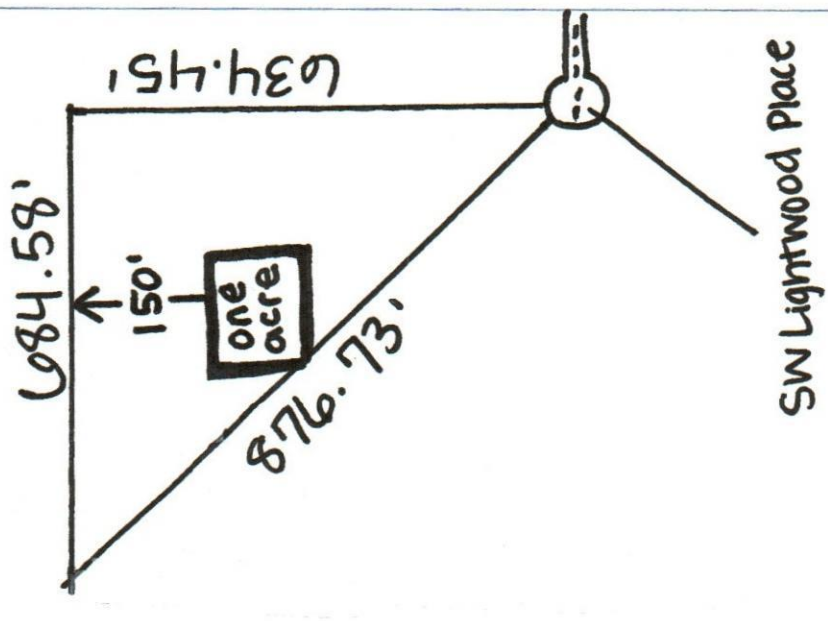
By  Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

21-0884

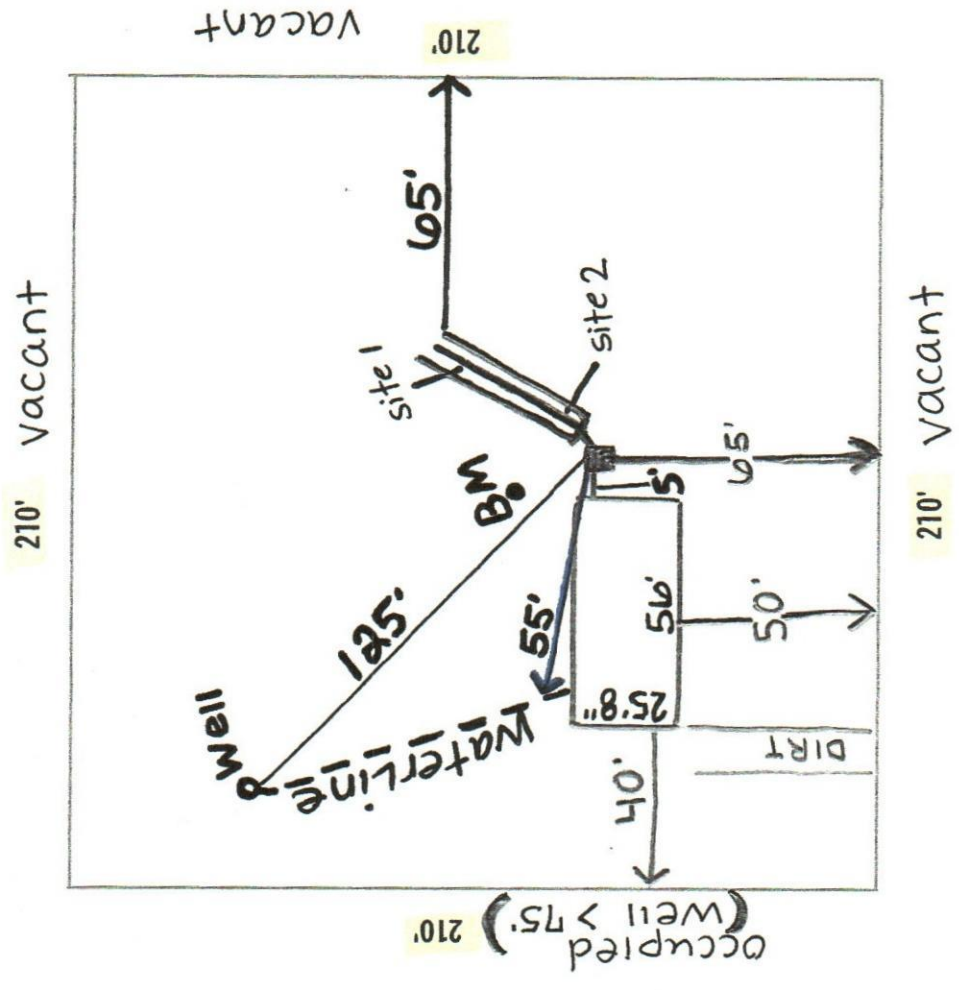
entire parcel is 5.33 acres  
(not drawn to scale)

North ↑



ONE ACRE DETAILS - ONE ACRE OF 5.33 TOTAL ACRES

North ↑ scale: one inch = 50 feet



Address: 479 SW Lightwood Place Fort White, Florida 32038

Submitted by: RC date submitted: 10.20.2021

Ronald Ford - SM0001346 Ford's Septic Tank Service

Approved by: