



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

PERMIT #: 12-SC-1438094
APPLICATION #: AP1087540
DATE PAID: 11/11/12
FEE PAID: 300.00
RECEIPT #: 2057694
DOCUMENT #: PR889433

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: CATHERINE**12-485 DOWD

PROPERTY ADDRESS: SW CUSTOM MADE CI Lake City, FL 32025

LOT: 56 BLOCK: _____ SUBDIVISION: The Oaks

PROPERTY ID #: 09280-156 [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 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: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in Oak East of system 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 licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.
T
H 911 Address shall be required prior to final approval.
E
R

SPECIFICATIONS BY: Rocky D Ford TITLE: Mason Contractor

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 11/09/2012 EXPIRATION DATE: 05/09/2014

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC Page 1 of 3

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

PERMIT NO. 12-0485 DATE PAID: 11-1-12 FEE PAID: 313.00 RECEIPT #: 1082540

APPLICATION FOR:

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

APPLICANT: Cathrine Dowd

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

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: 56 BLOCK: na SUB: oaks of lake city PLATTED: 11/9/90

PROPERTY ID #: 18-5s-17-09280-156 ZONING: R25 I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 4.480 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: s w custom made cr

DIRECTIONS TO PROPERTY: tustanugee s to custom made cr tr lot on left

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Table with 4 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft. Row 1: 1, SF Residential, 3, 2406.

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: Rocky D Ford

DATE: 10/31/2012

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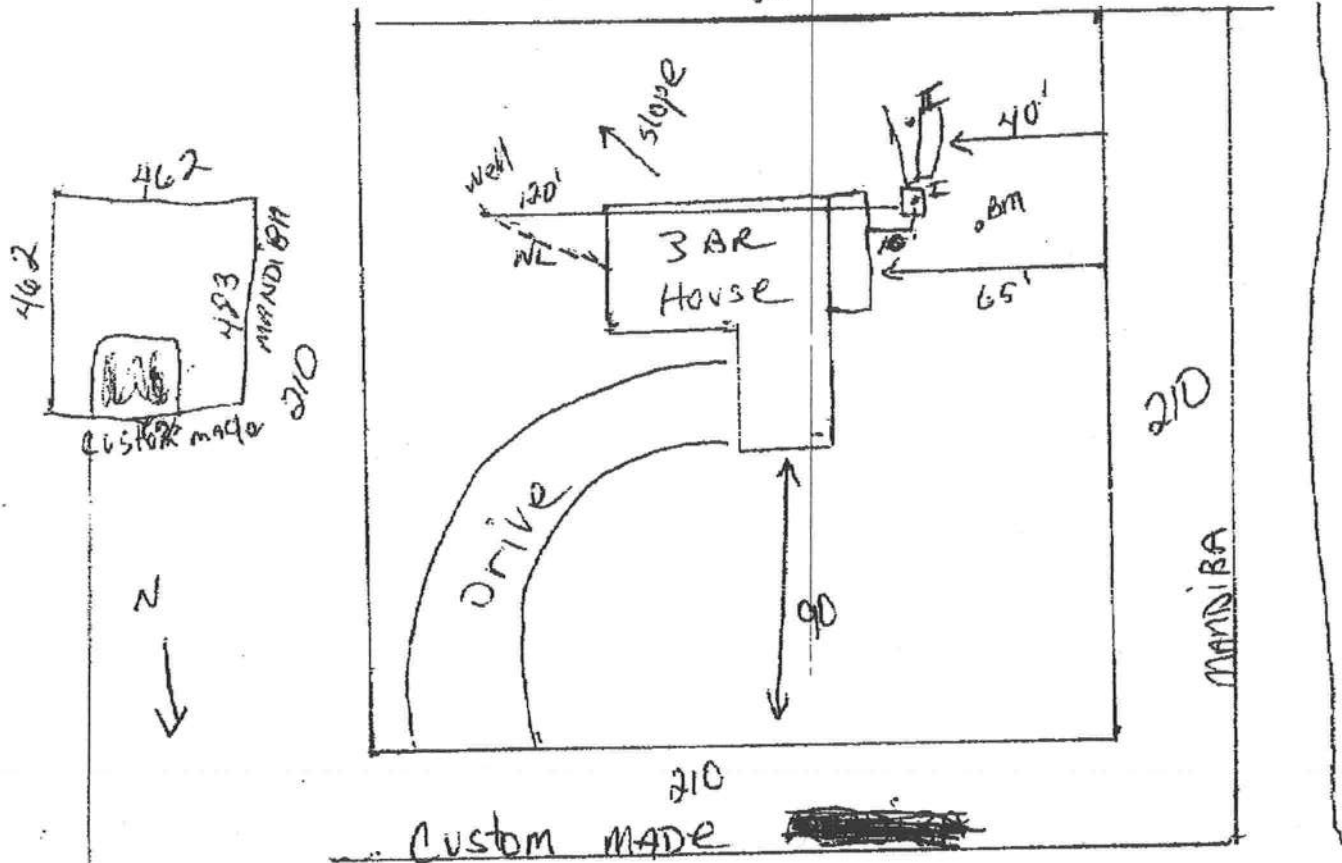
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0485

PART II - SITEPLAN

Scale: 1 inch = ~~40~~ 50 feet.

1 AC of 4.48
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Notes:

Site Plan submitted by: Rozly D Ford MASTER CONTRACTOR
 Plan Approved X Not Approved **Columbia CHD** Date 11/9/12
 By: [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

(SF)