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

PERMIT NO. 20-0948
DATE PAID: 12/1/20
FEE PAID: 425.00
RECEIPT #: 1204204

APPLICATION FOR:

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

APPLICANT: Christopher Chad & Stacey Thomas

AGENT: STUART AMIRA TELEPHONE: 386-462-9071

MAILING ADDRESS: 14901 MAIN STREET ALACHUA, FL 32615

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: 3 BLOCK: SUBDIVISION: Blue Sky Estates PLATTED:

PROPERTY ID #: 36-65-16-04-075-003 ZONING: RES I/M OR EQUIVALENT: [Y] [N]

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: [checked] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 4221 CR 18

DIRECTIONS TO PROPERTY: From Lake city head south on 441 MAKE A RIGHT ON CR 18 go a couple miles on right 4221 CR 18

BUILDING INFORMATION

[checked] RESIDENTIAL [] COMMERCIAL

Table with 4 columns: Unit No, Type of Establishment, No. of Bedrooms, Building Area Sqft, Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC. Row 1: 1, SFR, 3, 2372.

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

SIGNATURE: DATE: 12-1-2020

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.

SEE
SURVEY

Notes: _____

Site Plan submitted by: STUART AMIRA

Plan Approved

Not Approved _____

Date 12-1-2020

By 



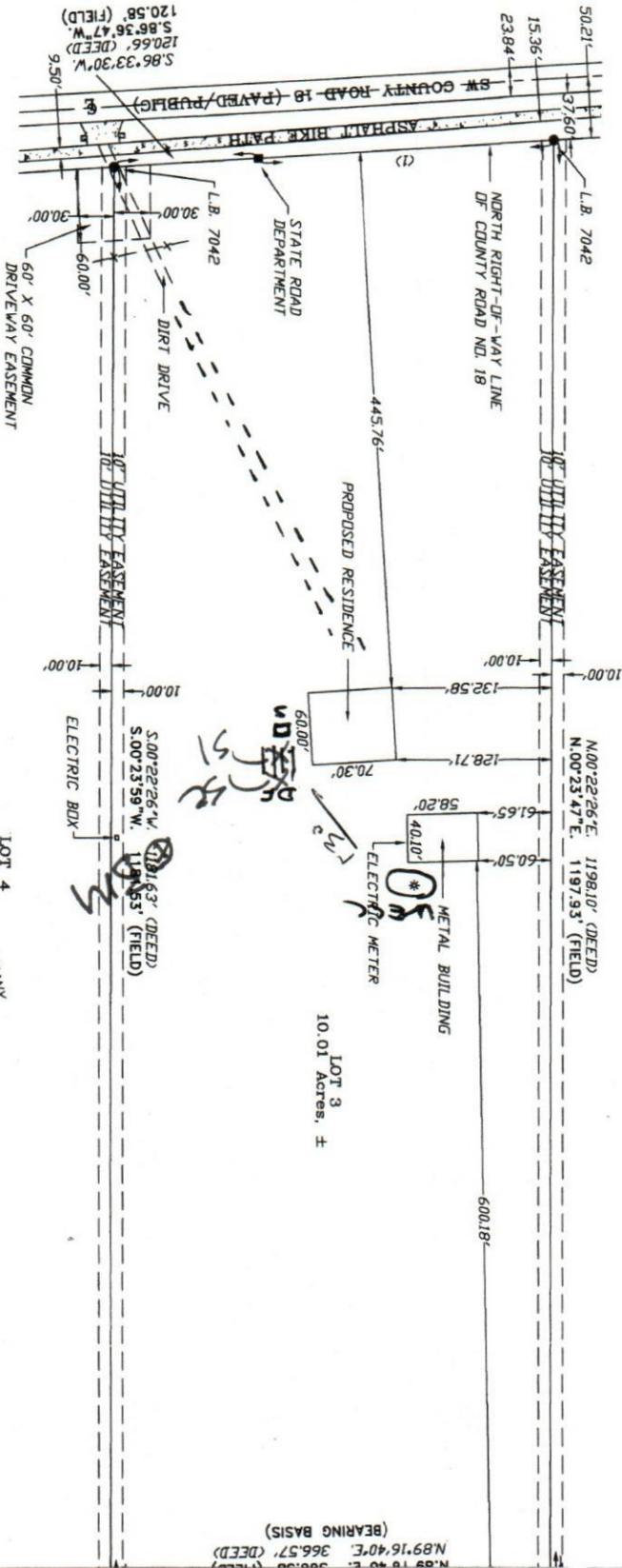
County Health Department

12/14/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

ADDRESS 4221 CE 18

LOT 2
 36-6S-16-04075-000
 BLUE SKY TIMBERLAND COMPANY



Curve number 1 (FIELD)
 Radius= 28597.89'
 Delta= 00°29'39"
 Arc= 246.62'
 Tangent= 123.31'
 Chord= 246.62'

Curve number 1 (DEED)
 Radius= 28597.89'
 Delta= 00°29'39"
 Arc= 246.60'
 Tangent= 123.30'
 Chord= 246.60'

SURVEYOR'S NOTES:
 1. BOUNDARY BASED ON MONUMENTATION FOUND.
 2. BEARINGS ARE BASED ON A DEEDED BEARING OF S89°16'40"W, FOR THE NORTH LINE THEREOF.
 3. IT IS APPARENT THAT THIS PARCEL IS IN ZONE "X" AND IS DETERMINED TO BE OUTSIDE THE 500 YEAR FLOOD PLAIN AS PER FLOOD RATE MAP, DATED 4 FEBRUARY, 2009 FROM PANEL NUMBER 1E023C0495C HOWEVER, THE FLOOD INSURANCE RATE MAPS ARE SUBJECT TO CHANGE.
 4. THE IMPROVEMENTS, IF ANY, INDICATED ON THIS SURVEY DRAWING ARE AS LOCATED ON DATE OF FIELD SURVEY AS SHOWN HEREON.
 5. IF THEY EXIST, NO UNDERGROUND ENCROACHMENTS AND/OR UTILITIES WERE LOCATED FOR THIS SURVEY LEVEL AT SURVEY LEVEL.





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

PERMIT #: 12-SC-2209211
APPLICATION #: AP1604204
DATE PAID: 12/11/20
FEE PAID: 425.00
RECEIPT #: _____
DOCUMENT #: PR1493523

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CHRISTOPHER**20-0948 THOMAS
PROPERTY ADDRESS: 4221 CR 18 Fort White, FL 32038
LOT: 3 BLOCK: _____ SUBDIVISION: BLUE SKY ESTATES/UNR
PROPERTY ID #: 04075-003 [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: [x] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____

N
F LOCATION OF BENCHMARK: Power Transformer pad marked "X" NE. from site

I ELEVATION OF PROPOSED SYSTEM SITE [20.00] [INCHES / FT] [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [48.00] [INCHES / FT] [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O
T
H
E
R
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 400 gpd.

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

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

DATE ISSUED: 12/14/2020 EXPIRATION DATE: 06/14/2022

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

[Handwritten mark]

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.