

FW



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System
- Existing System
- Abandonment
- Repair
- Holding Tank
- Innovative

APPLICANT: Ruth Boden
 EMAIL: rthboden@comcast.net

AGENT: Robert Ford III - NFI Septic Tank, Inc.
 TELEPHONE: 810-955-6372

MAILING ADDRESS: 14156 BR 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) (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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 210-15-110-04332-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.2 ACRES WATER SUPPLY: PRIVATE PUBLIC [] >2000GPD

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

PROPERTY ADDRESS: 5510 SW Normandy Dr, FW F

DIRECTIONS TO PROPERTY: TR on Bay Dr TL on 41st TL on SW 138, TL on Normandy Dr to 5510

BUILDING INFORMATION

RESIDENTIAL [] COMMERCIAL

Unit Type of Establishment No. of Bedrooms Area Sqft Building Commercial/Institutional System Design Table I, Chapter 62-6, FAC

1 m/h 3 1061

2 _____

3 _____

4 _____

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

SIGNATURE: Robert Ford III

DATE: 10/22/23

PERMIT NO. 21-0574
 DATE PAID: 11/14/23
 FEE PAID: 310.00
 RECEIPT #: 1854034



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

PERMIT #: 12-SC-2532017
APPLICATION #: AP1854036
DATE PAID: 6/24/22
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR1794523

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: RUTH**22-0574 BODEN

PROPERTY ADDRESS: 556 SW NORMANDY Fort White, FL 32038

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 04322-000 [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 New Multi-Chambered 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 [375] SQUARE FEET Drainfield SYSTEM

R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [] TRENCH [] BED []

N LOCATION OF BENCHMARK: 36" oak east 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

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

R
E
H
T
O

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

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

DATE ISSUED: 07/01/2022

EXPIRATION DATE: 01/01/2024

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