



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

PERMIT NO. 21-0751
DATE PAID: 9/8/21
FEE PAID: 310.00
RECEIPT #: 1729150

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Thomas and Martha Elinskas

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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: 3 BLOCK: NA SUB: Forest Country 6th Addition PLATTED: _____

PROPERTY ID #: 21-4S-16-03087-103 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 0.71 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 197 SW Pinehurst Dr, Lake City, FL

DIRECTIONS TO PROPERTY: TR onto US-90 W, TL onto FL-247S, TL onto SW Monk Way, TR onto Long Leaf Blvd, TL onto SW Pinehurst Dr.

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
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1	SF Residential	3	2253	
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2				
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3				
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☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 9/3/2021

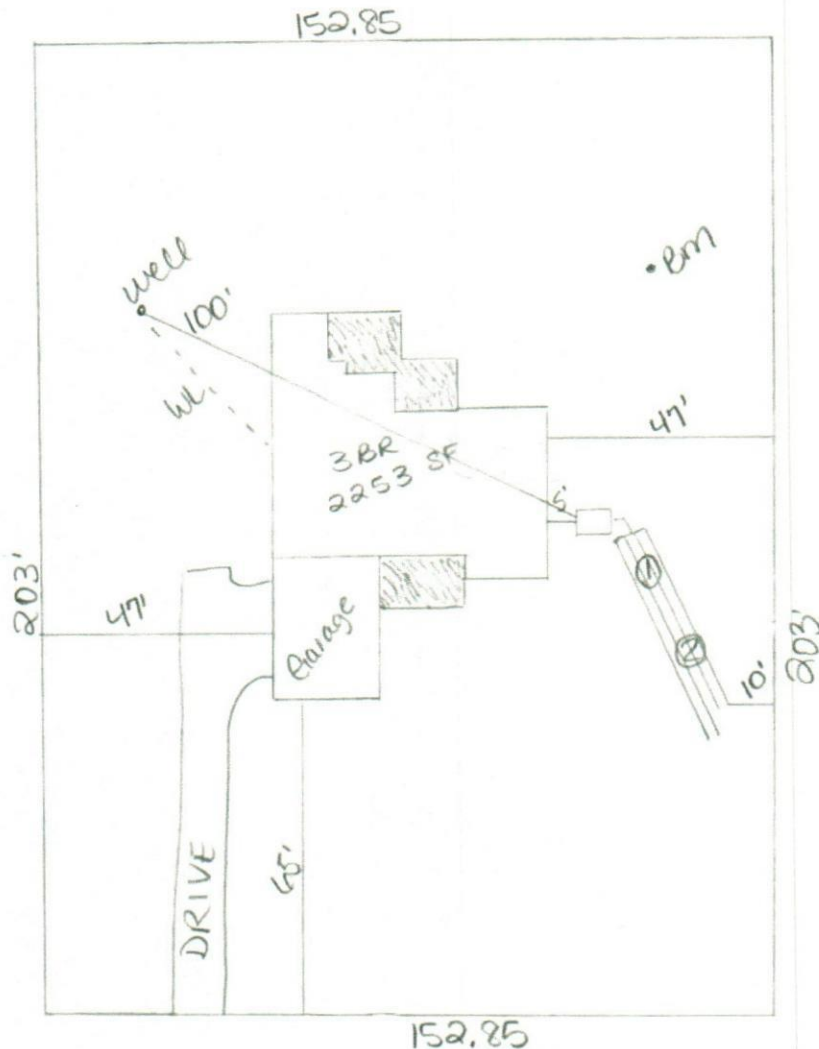
Permit Application Number:

21-0751

Elinskas

PART II - SITEPLAN

↑ N



Notes:

Nitrogen Reduction ATU System

Site Plan submitted by:

William D. Bishop II

MASTER CONTRACTOR

Plan Approved

Not Approved

9/10/2024

Date _____

9-3-21

By _____

Kelly Rago

Columbia

County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
 (Stock Number: 5744-002-4015-6)



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

PERMIT #: **12-SC-2368251**
APPLICATION #: **AP1729150**
DATE PAID: **9/8/2021**
FEE PAID: **310⁰⁰**
RECEIPT #: **12-PI10-5228502**
DOCUMENT #: **PR1647316**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: THOMAS**21-0751 ELINSKAS
PROPERTY ADDRESS: 197 SW PINEHURST Lake City, FL 32024
LOT: 3 BLOCK: SUBDIVISION: FOREST COUNTRY 6TH ADDITION
PROPERTY ID #: 03087-103 [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 [500] GALLONS / GPD New Aerobic Unit 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 [250] SQUARE FEET New 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 oak N of site
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] 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 400 gpd.
T **System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
H Nitrogen reducing NSF-245 certified aerobic treatment unit required.
E Maintenance contract and operating permitting also required.
R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor
APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 09/10/2021 EXPIRATION DATE: 03/10/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC