



FW

CR # 10-9020

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

PERMIT NO. 22-0712
 DATE PAID: 8/18/22
 FEE PAID: 310.000
 RECEIPT #: 1875491

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: LAFLAMME, Brian D.AGENT: STANLEY CRAWFORD CONSTRUCTION TELEPHONE: (386) 752-5152MAILING ADDRESS: 1482SW COMMERCIAL GLEN LAKE CITY FL

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: 1 N/A BLOCK: N/A SUBDIVISION: DAISY EST PLATTED: _____PROPERTY ID #: 25-5S-15-00478-107 ZONING: RES I/M OR EQUIVALENT: [NO]PROPERTY SIZE: 10.000 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: TBD SW DAISY ROAD

DIRECTIONS TO PROPERTY: TAKE STATE ROAD 47 SOUTH. TURN RIGHT ON COUNTY ROAD 240. TURN LEFT ON ICHTETUCKNEE ROAD. TURN RIGHT ON FORD LANE. TURN LEFT ON DAISY ROAD JUST PAST WEATHERLY PLACE ON LEFT.

BUILDING INFORMATION RESIDENTIAL [] COMMERCIAL

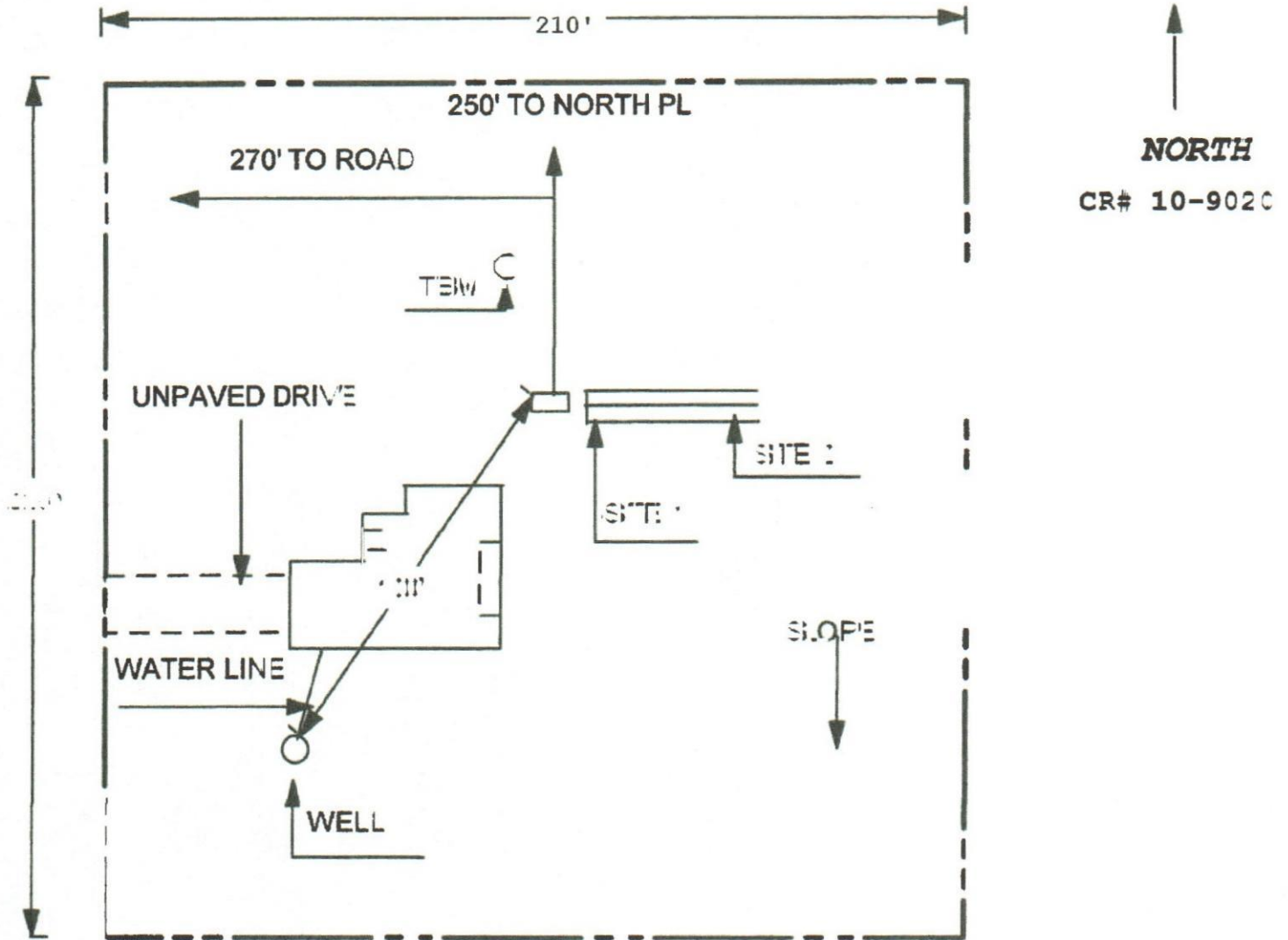
Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>HOUSE</u>	<u>3</u>	<u>1293</u>	
2				
3				
4				

Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: [Signature] DATE: 8/15/22

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan
Permit Application Number: 22-0712

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100'

1" NCH = 40 FEET

Site Plan Submitted By Paul Kelly Date 8/4/22
 Plan Approved Not Approved Date 8/22/22
 By [Signature] ES2 Columbia CPHU

Notes: _____



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

PERMIT #: 12-SC-2559748
APPLICATION #: AP1875491
DATE PAID: 8/18/22
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1813610

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: BRIAN**22-0712 LAFLAMME

PROPERTY ADDRESS: SW DAISY Fort White, FL 32038

LOT: 7 BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 00478-107 [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: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in 12" oak west of system site

I ELEVATION OF PROPOSED SYSTEM SITE [28.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [58.00] [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 300 gpd.
T
H
E
R

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist I

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

DATE ISSUED: 08/22/2022 EXPIRATION DATE: 02/22/2024

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

Incorporated: 64E-6.003, FAC

SP