



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

PERMIT #: 12-SC-2595471
APPLICATION #: AP1905328
DATE PAID: 10/12/22
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1862510

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: WILLIAM**22-0845 DURST
PROPERTY ADDRESS: 263 SW BEYOND Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 03707-012 [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 3" post south of system site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [38.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [4.00] INCHES EXCAVATION REQUIRED: [] 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 300 gpd.

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

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

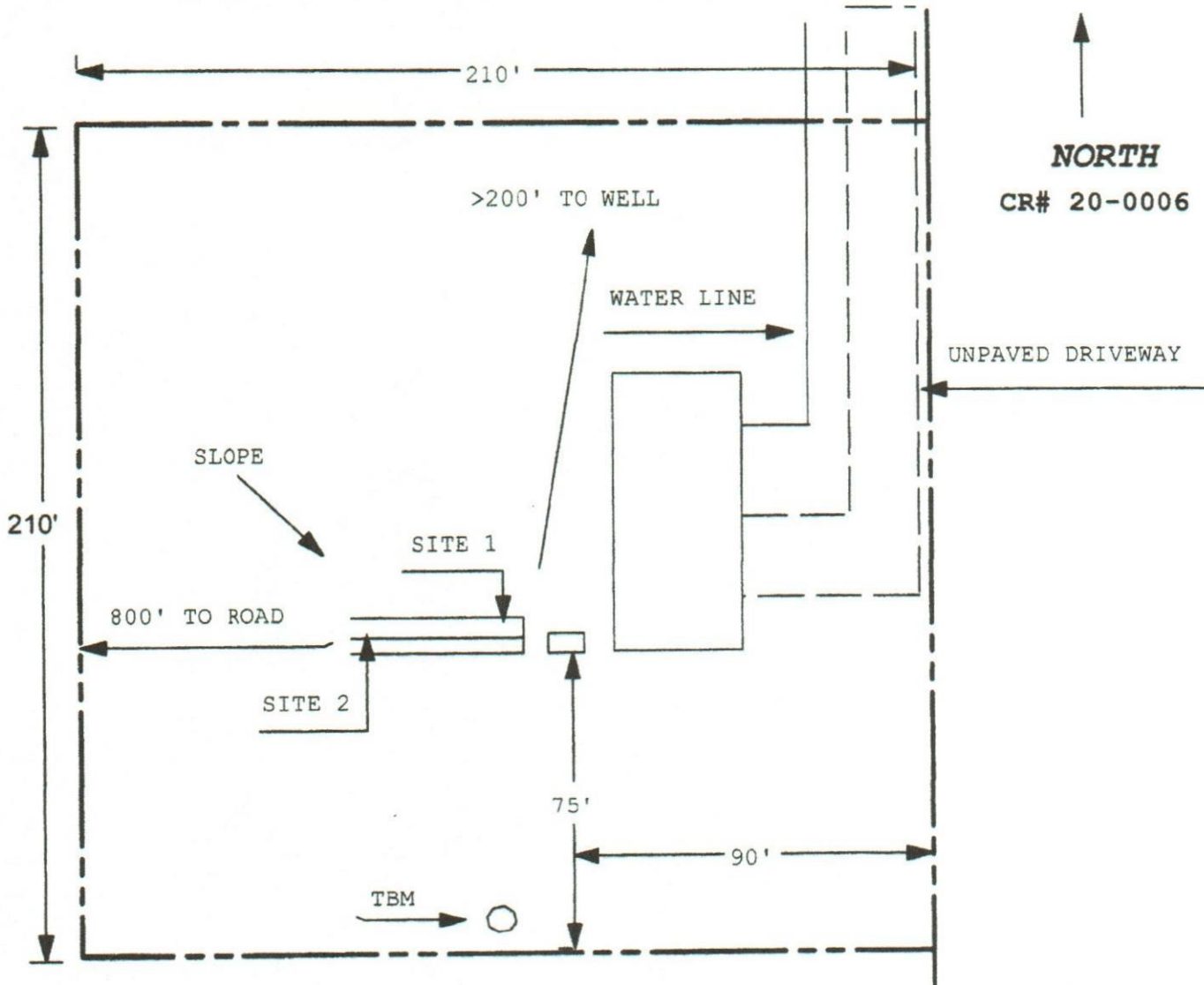
DATE ISSUED: 10/17/2022 EXPIRATION DATE: 04/17/2024

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

Incorporated: 64E-6.003, FAC

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
 Permit Application Number: 22-0845

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



1 INCH = 40 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By Paul Lloyd Date 10/07/2022
 Plan Approved Not Approved Date 10/14/22
 By [Signature] [Signature] CPHU
 Notes: [Signature] 10/19/22



FW

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

CR # 20-00006

PERMIT NO. 22-0845
DATE PAID: 11/12/22
FEE PAID: 310.00
RECEIPT #: 1905228

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: WILLIAM DURST

AGENT: VERTICAL PLUMBING

TELEPHONE: (907) 947-0897

MAILING ADDRESS: 187 SE COUNTRY CLUB ROAD

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

LOT: N/A BLOCK: N/A SUBDIVISION: GREAT SOUTH TIMBER PLATTED: _____

PROPERTY ID #: 24-55-16-03707-012 ZONING: RES I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 10.020 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 263 SW BEYOND COURT LAKE CITY

DIRECTIONS TO PROPERTY:

TAKE STATE ROAD 47 SOUTH. TURN LEFT ON COUNTY ROAD 240. TURN RIGHT ON OLD WIRE ROAD. TURN LEFT ON SOUTHWEST INFINITY PLACE. TURN LEFT ON SOUTHWEST BEYOND COURT. SITE IS SECOND ON RIGHT.

BUILDING INFORMATION [RESIDENTIAL [COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	<u>MOBILE HOME</u>	<u>3</u>	<u>1,956</u>	
2				
3				
4				

[Floor/Equipment Drains [Other (Specify) _____

SIGNATURE: [Signature]

DATE: 10-11-22