



# FW

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

PERMIT NO. 22-0878  
DATE PAID: 10/11/22  
FEE PAID: 310.00  
RECEIPT #: 1904945

### APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System     Existing System     Holding Tank     Innovative
- Repair     Abandonment     Temporary     \_\_\_\_\_

APPLICANT: Billy Steedley    EMAIL: nflsepticTank@comcast.com

AGENT: Robert Ford III - North Florida Septic Tank INC    TELEPHONE: 386-755-6372

MAILING ADDRESS: 141 SE State Road 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 #: 08-05-17-09623-000    ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 80 ACRES    WATER SUPPLY:  PRIVATE    PUBLIC [ ]    <=2000GPD [ ]    >2000GPD

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

PROPERTY ADDRESS: 2398 SW Howell St, Lake City

DIRECTIONS TO PROPERTY: 441 South to SW Howell St T/R to follow to Site on left (new culvert P/L follow across cattle Gap to Site on left.)

BUILDING INFORMATION

- RESIDENTIAL     COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	MH	3	2432	2160
2				
3				
4				

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

SIGNATURE: Robert Ford III    DATE: 10-10-2022



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

PERMIT #: 12-SC-2594900  
APPLICATION #: AP1904945  
DATE PAID: 10/11/22  
FEE PAID: 3000  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1861780

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: BILLY\*\*22-0843 STEEDLEY  
PROPERTY ADDRESS: 2398 SW HOWELL Lake City, FL 32024  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 09623-000 [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: [x] STANDARD [ ] FILLED [ ] MOUND [ ] \_\_\_\_\_  
I CONFIGURATION: [x] TRENCH [ ] BED [ ] \_\_\_\_\_  
N  
F LOCATION OF BENCHMARK: Double oak NW of site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 50.00 ] [ 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 Customer requests 1050 tank with 500sqft of drainfield  
H  
E  
R

SPECIFICATIONS BY: Sean P Havens Robert Ford TITLE: Environmental Specialist I

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

DATE ISSUED: 10/12/2022 EXPIRATION DATE: 04/12/2024

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

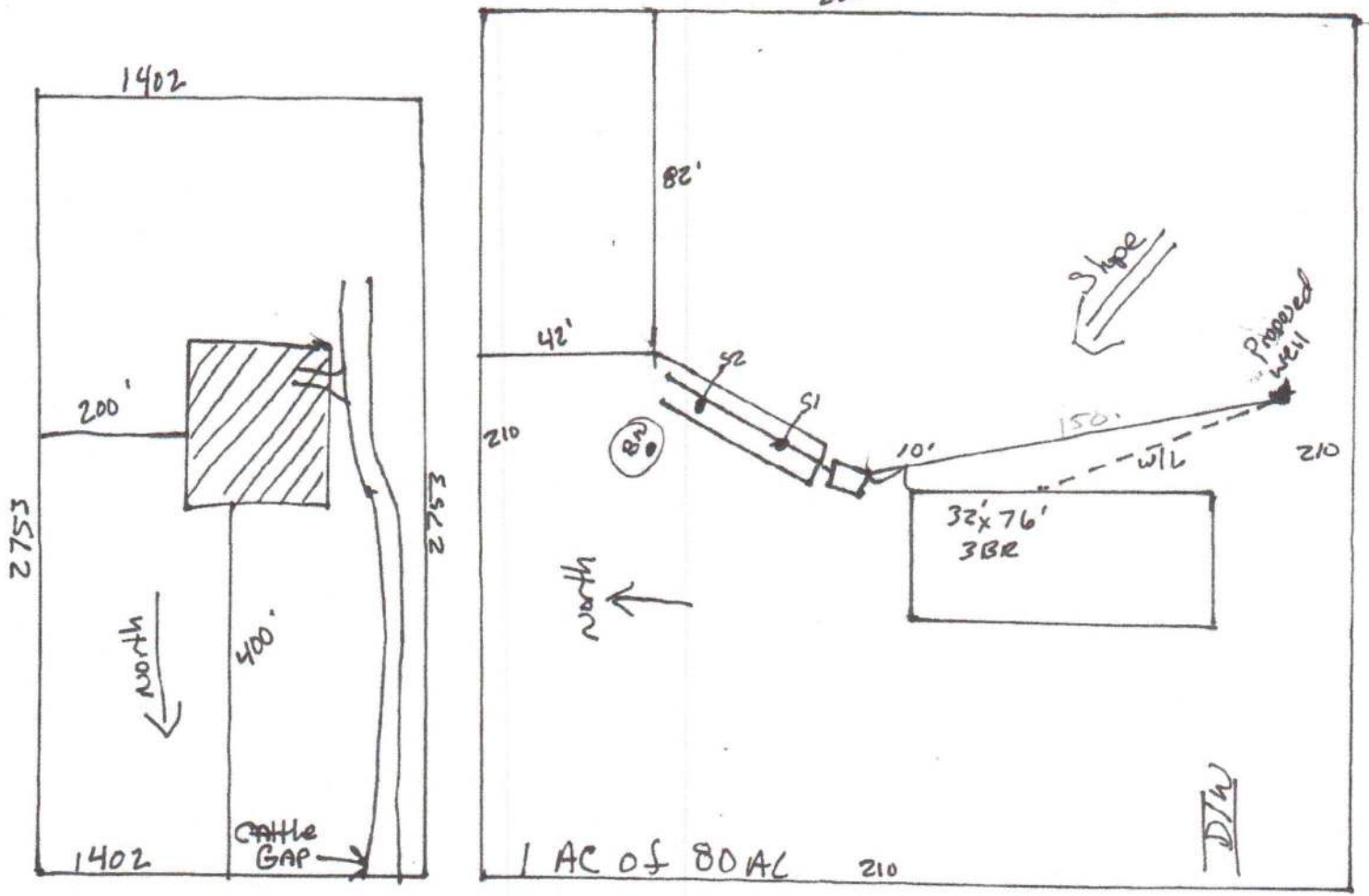
STATE OF FLORIDA  
 DEPARTMENT OF HEALTH  
 APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1" = 40'

Permit Application Number 22-0843

PART II - SITEPLAN  
 210

*Steedley*



Notes:

Site Plan submitted by: Robert Ford 999 Date: 10-10-2022

MASTER CONTRACTOR

Plan Approved  Not Approved

Date 10/12/22

By: [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT