



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2512983
APPLICATION #: AP1837955
DATE PAID: 5/27/22
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR1789843

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JOHN**22-0490 HENDERSON
PROPERTY ADDRESS: SW CR 18 Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 04670-016 [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 _____ Septic Tank _____ 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 [462] SQUARE FEET _____ Drainfield _____ SYSTEM
R [] SQUARE FEET _____ N/A _____ SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND [] _____

I CONFIGURATION: [x] TRENCH [] BED [] _____

F LOCATION OF BENCHMARK: Nail in oak Pink ribbon near site.

I ELEVATION OF PROPOSED SYSTEM SITE [27.00] [INCHES] FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [21.00] [INCHES] FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [24.00] INCHES EXCAVATION REQUIRED: [0.00] 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.

SPECIFICATIONS BY: Kameron Keen TITLE: CEHP

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

DATE ISSUED: 06/07/2022 EXPIRATION DATE: 12/07/2023

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

Incorporated: 64E-6.003, FAC

SP



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

PERMIT NO. 22-0490
DATE PAID: 5/22/22
FEE PAID: 310.00
RECEIPT #: 1837955

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: John Henderson

AGENT: Jason Brent Wainwright

TELEPHONE: 386-418-0424

MAILING ADDRESS: 12426 NW US HWY 441 ARLINGTON FL 32615

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 35-65-16-04070-016 (211) ZONING: _____ I/M OR EQUIVALENT: [Y /]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: PRIVATE PUBLIC] <=2000GPD] >2000GPD

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

PROPERTY ADDRESS: SW CR-18 Fort White 32038

DIRECTIONS TO PROPERTY: Take 47 S, TL on SR-27, L on 18, property will be on R.

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>SFR</u>	<u>3</u>	<u>1720</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature]

DATE: 5-26-22

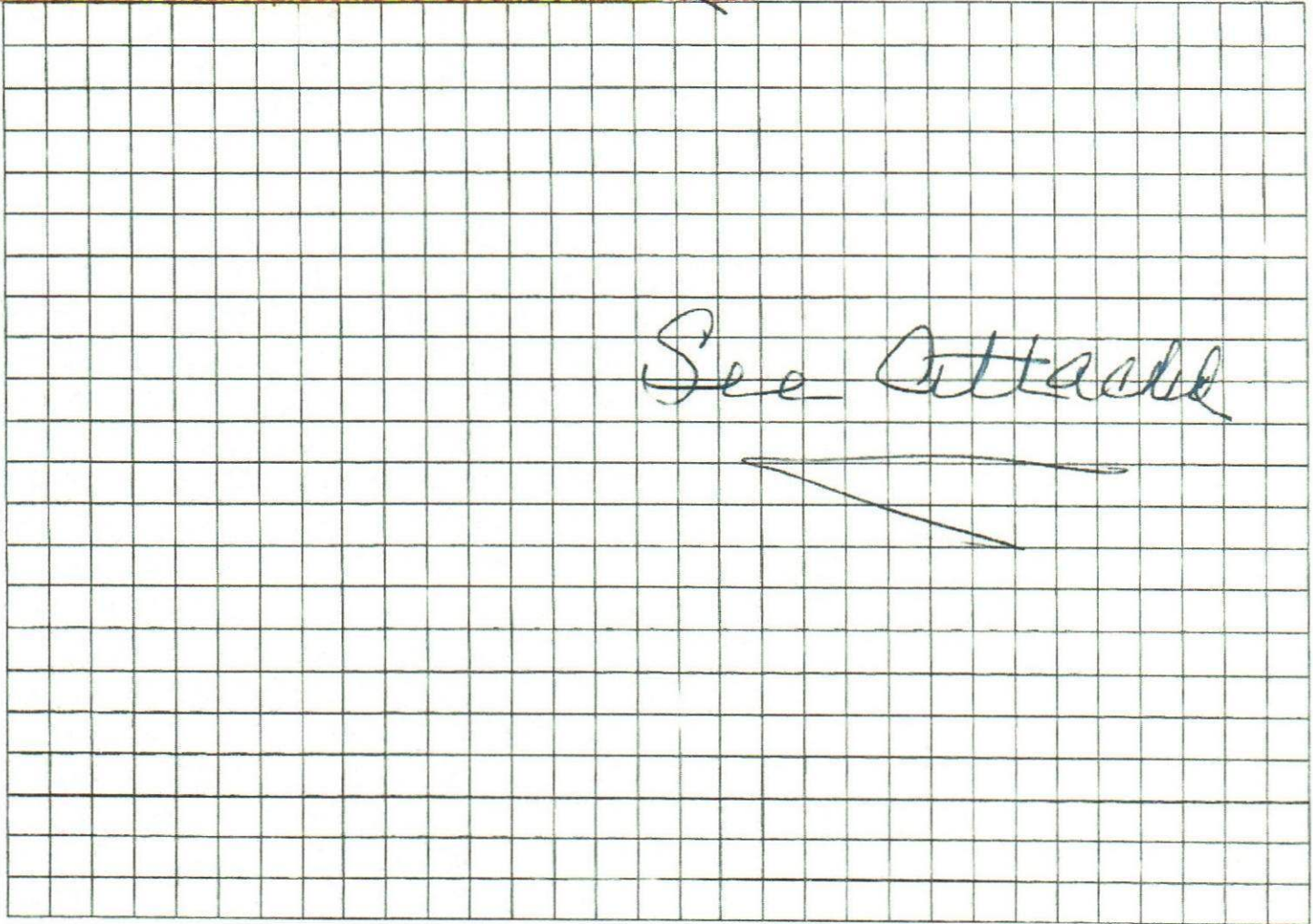
DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0490

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = ~~40~~⁵⁰ feet.



Notes: _____

Site Plan submitted by: *Kimera Deen* Agent: _____ Owner: _____ Date: 5-26-22

Plan Approved Not Approved _____ Date 6/7/22

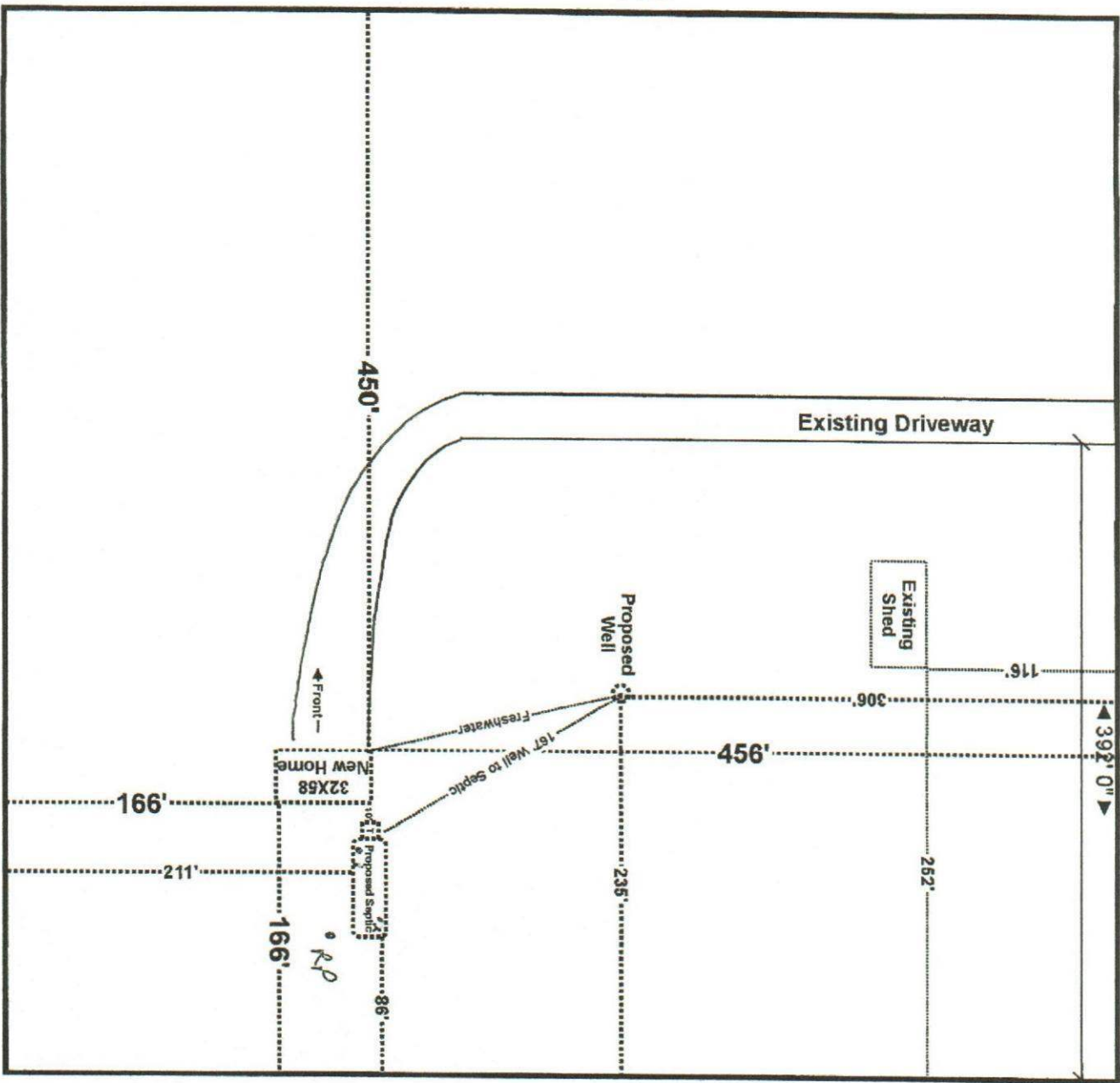
By: *[Signature]* COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

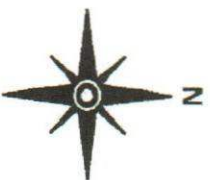
22-0470

680'

SW County Road 18



648'



[Handwritten Signature]
5-26-22

John Henderson
5116 SW CR-18 Ft. White, FL
Parcel: 04070-016

Scale 1" = 100'

[Handwritten Signature]
21-2064
526-22

[Handwritten Signature]

Brody Pack
5/21/22