ADDENDUM NO 3 2023-R BETHLEHEM COMMUNITY PARK IMPROVEMENTS



December 13, 2023

PO BOX 3823 LAKE CITY, FL 32056



PHONE (386) 752-4675 FAX (386) 752-4674



www.nfps.net

Columbia County Board of County Commissioners **Bethlehem Park Community Center** Engineers Project Number L220819CCB

Addendum # 3

- 1. Updated door and frame schedule on B4.
 - a. Hinged Double full lite fiberglass doors are now narrow half lite hollow metal.
- 2. Plywood sheathing shown on S6 in the wall section & roof has been removed.
- 3. R30 batten insulation shown on S6 above the drop ceiling has been removed.
- 4. Added reflected ceiling tile to plans.
- 5. Updated excavation quantities from 196yd³ to 388yd³.
- 6. Updated fill quantities from 42yd³ to 317 yd³.
- 7. Septic tank shall meet the requirements of the attached septic tank permit and specifications set forth from Columbia County that are attached to this addendum.
- 8. Updated plans shall follow in Addendum #4
- 9. Deadline for bid questions has been moved to Thursday, December 28th, 2023 and the bid due date deadline has been moved to Thursday, January 4th, 2024.

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY

M E M O R A N D U M

TO:	Notice to Contractors
FR:	Erica Jones, Purchasing Officer
DATE:	December 13, 2023
RE:	2023-R Bethlehem Community Park Improvements Addendum No. 3 Septic Tank Specifications

Septic Tank Specifications:

- 1. 750 Gallon Grease Trap
- 2. 1,650 Gallon Dual Tank with black water versus gray water separation
- 3. Minimum 935 sqft Drain Field

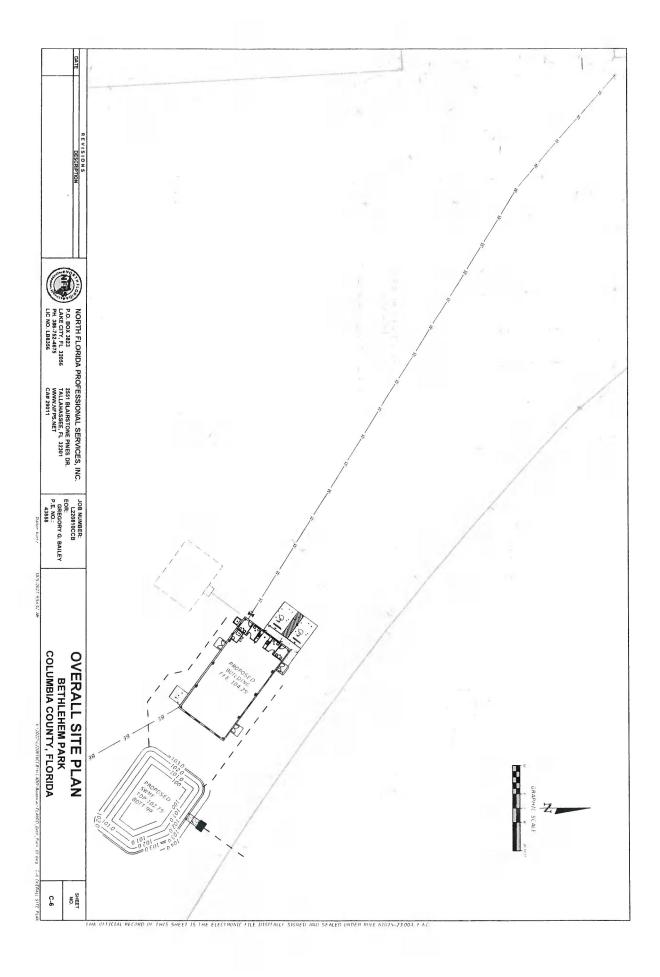
XC: Septic Tank Permit

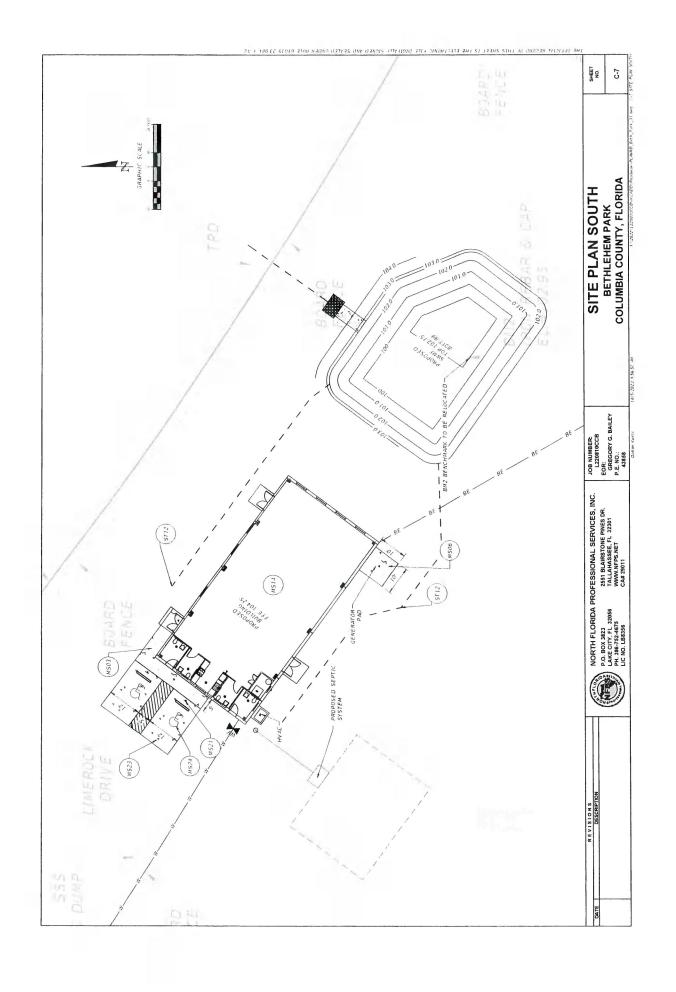
BOARD MEETS FIRST AND THIRD THURSDAY AT 5:30 P.M.

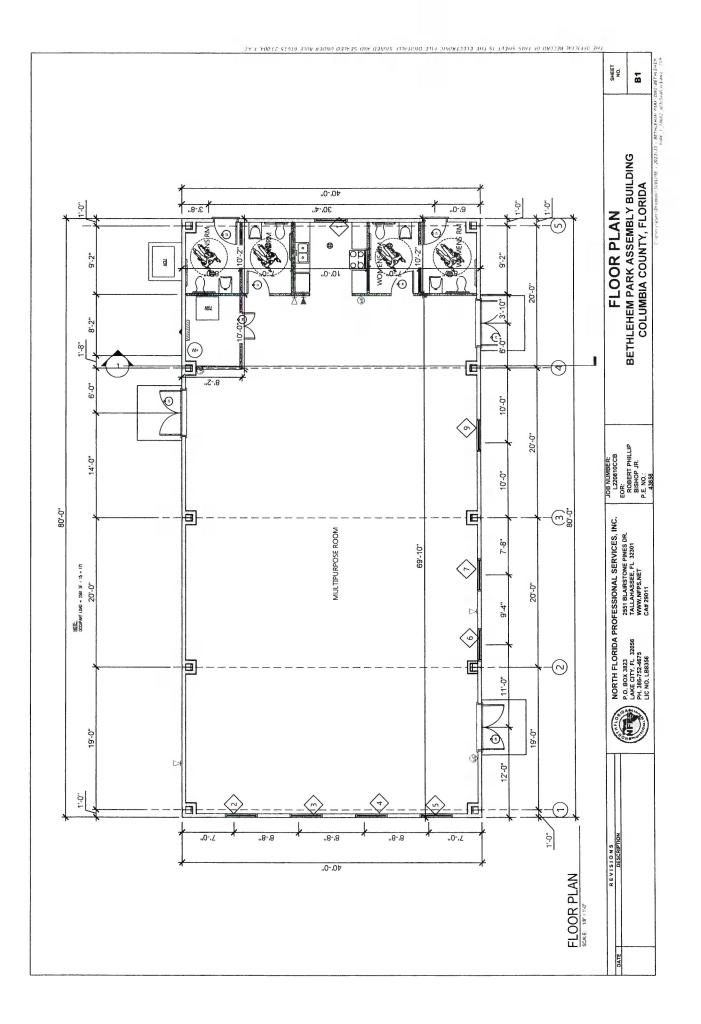
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION DATE PAID: DATE PAID: FEE PAID: RECEIPT #:	
APPLICATION FOR CONSTRUCTION PERMIT	
APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []	
APPLICANT: COLUMBIA COUNTY, FL EMAIL:	
AGENT: Kevin Kirby TELEPHONE: 386-719-202	-8
AGENT: Kevin Kirby MAILING ADDRESS: PO BOX 1529, Cake City, T=& 32056	
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 #: 05-75-09899-000 ZONING: I/M OR EQUIVALENT: [Y (N]	
PROPERTY ID #: $05-75-09899-000$ zoning: I/M or equivalent: [Y N] PROPERTY SIZE: 5.19 Acres water supply: [] private public [X]<=2000GPD []>2000GPD	
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: FT PROPERTY ADDRESS: IS7 SW Bethlehem Avenue, Fort White	
DIRECTIONS TO PROPERTY:	
BUILDING INFORMATION [] RESIDENTIAL [> COMMERCIAL	•
UnitType ofNo. ofBuildingCommercial/InstitutionalSystemDesignNo.EstablishmentBedroomsAreaSqftTable I, Chapter 62-6, FAC	-
1 Community center 0 3200	
2	
3	
4	-
[] Floor/Equipment Drains [] Other (Specify)	
SIGNATURE: DATE: # 12/12/23	
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)	
Incorporated 62-6.004, FAC Page 1 of 4	

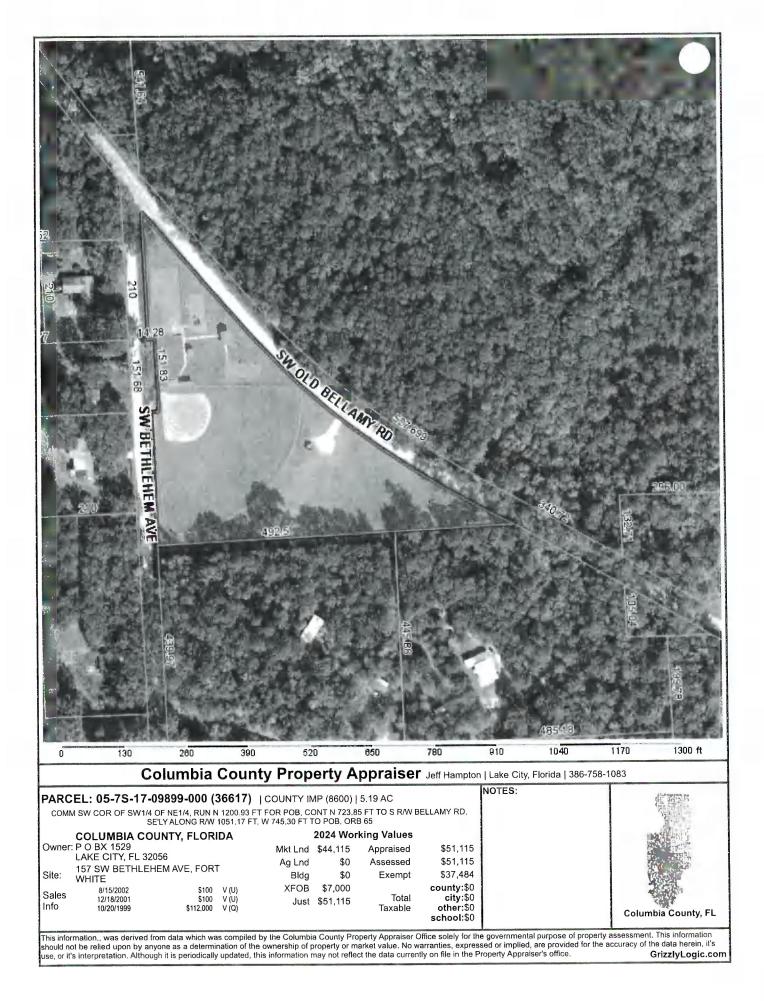
Columbia County Property Appraiser

ff Hampton	a County Prop	erty Appra	aiser						2024 Working Va updated: 12
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Owner & Property Info						2023 0 2022 0 20		the second se	an a tha an
Owner	COLUMBIA COUNTY, FLORIDA P O BX 1529					-			
Site		LAKE CITY, FL 32056 157 SW BETHLEHEM AVE, FORT WHITE						这一时,1953年4月14日	
Description*	COMM SW COR OF SW1/4 OF NE1/4, RUN N 1200.93 FT FOR POB, CONT N 723.85 FT							Sace 1	a state
Area	5.19 AC			/T/R 05-7S-17		百名语 / 日本語		and the second of the	器制建设的设备
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"The Use Code	n above is not to be used as a is a FL Dept. of Revenue (I nty Planning & Zoning office	DOR) code and is n	ol maintained by I	in any legal transaction the Property Appraiser's office. Plea	ase contact	A		N	
	Assessment Value							1 Care	
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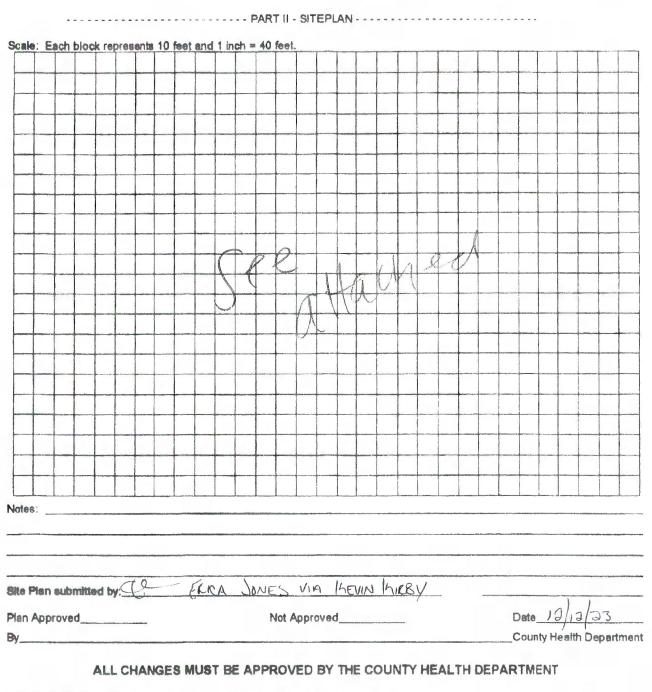






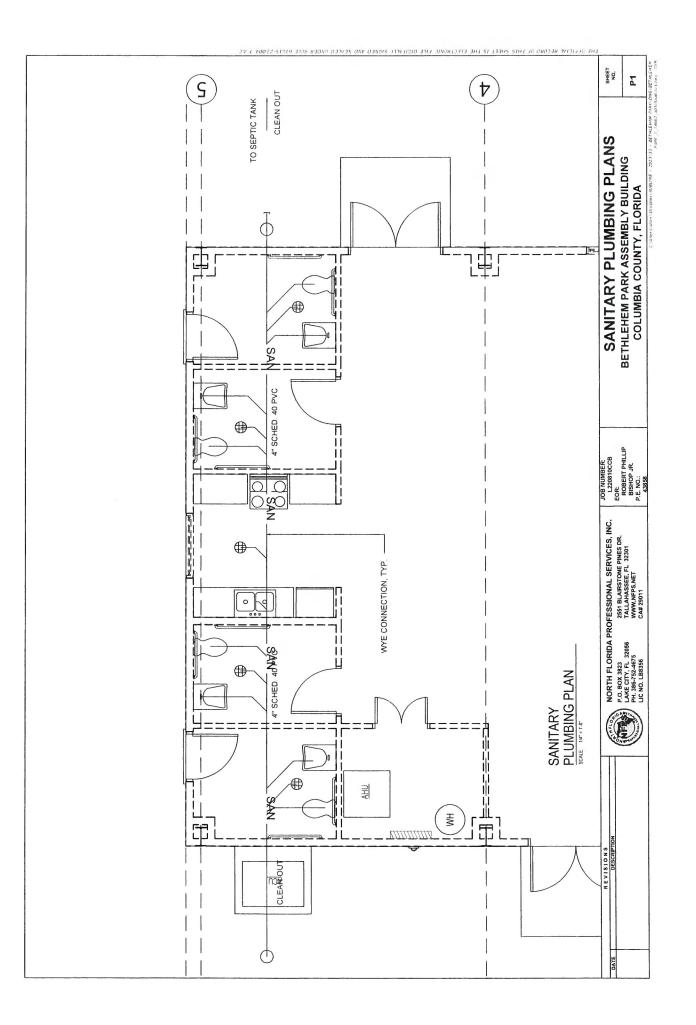
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number



DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated: 62-6.004, F.A.C.

Page 2 of 4





Ron DeSantis Governor Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthlest State in the Nation

TO: COLUMBIA COUNTY HEALTH DEPARTMENT Environmental Health Phone 386-758-1058 Fax 386-758-2187

FROM: _____

PERMIT: #_____

As <u>owner</u> or <u>authorized agent</u> for the property described in the above referenced permit, I certify that I am fully aware of the following:

1. I am aware of the <u>zoning</u> requirements for this property, and I have determined from the <u>County Planning & Zoning office</u> that I can develop the property as described in my septic tank permit application.

2. I understand that it is **my responsibility** to determine if my property and proposed development lies within a **flood** prone area. (The County Planning & Zoning office can provide this information).

ERICA JONES VIA HEVINK DATE: 12/12/23 SIGNATURE:

OWNER AUTHORIZED AGENT

Florida Department of Health in Columbia County 217 NE Franklin Street Lake City, FL 32055 PHONE 386/758-1068 • FAX 386/758-2180 FloridaHealth.gov



BUSINESS SURVEY AN ATTACHMENT TO DH 4081 ASSESSMENT OF WASTE HANDLING AND BUSINESS ACTIVITIES

New:	Application/Permit Number
Renewal:	
Change of Tenancy/Amendment:	
Please provide the following information regarding ve	our business facilities and the activities which will take place on site.
	ommunity (enter Occupational License #:
Business Owner's Name (olumbing (ou	nty
Business Mailing Address	Telephone
Business Mailing Address City_Fortwhite	State Zip
Street Address of Business	
City	State Zip
How many employees will use this facility	U Hours of operation
What type and number of sanitary facilities will be av	vailable at this location: Anticipated flow: gpd Based on
Toilets Urinals	Hand Washing Sinks \mathcal{O} Utility Sinks \mathcal{O}
Showers 0 Floor Drains 0	Equipment Drains(Describe)
2-Compartment Sinks O	3-Compartment Sinks
Laundry Facilities	Garbage Grinder/Disposal
Commercial Dish Machines (heat sanitizing)	Garbage Grinder/Disposal (chemical sanitizing)
Can Washing Facilities	Other(Describe)
Completely describe the activities which will take pla	ce at your business location (i.e. types of waste generated, volume of raw
materials handled, amount of wastes generated, equ	
	"Enter
List any chemical compounds routinely used in your	business: Attach Material Safety Data Sheets for Compounds Used or
Stored	
Name Gal or lbs./Month	Amt. on hand Storage Method Disposal Method SIC Code
cleaning material/	
Please list licensed waste haulers removing wastes	•
Company Name	Type of Waste Removed
garbage vickup	
	······································
Describe how emergencies auch as shills will be he	
Describe how emergencies, such as spills, will be ha	andied at this site:
As the husiness owner understand that information contained in	this application serves as a basis for determining the suitability of the onsite sewage disposal
	ained herein is an accurate reflection of the activities which will be allowed on this site. I also
	nd collection & analysis of samples will be done at my own expense by a state certified laborator
I also agree to notify the county health department of the change	
	E III
Business Owner or Agent's Signature:	ERICA JONES VIA-KEVINKIRBY Date 12/12/23
• • •	
Property Owner or Agent's Signature:	Date
	LETED BY COUNTY HEALTH DEPARTMENT:
Will monitoring be required: Yes No Sample location	
Is DER/ County Haz Waste review required: Yes No	Monitoring Frequency
Survey disapproved Date:// Reason	
Survey approved: By:	
DH 4081A, 10/96 (Obsoletes previous editions which may not be	used) Incorporated: 64E-6.003, FAC Page of

END OF ADDENDUM NO. 3

(Please acknowledge receipt of Addendums)