



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL

APPLICATION #: AP2246966
PERMIT #: 12-SC-3186791
DOCUMENT #: FI2587331
DATE PAID: 09/04/2025
FEE PAID: 205.00
RECEIPT #: 12-PID-7610648

APPLICANT: WILLIAM**25-0702 BROWN
AGENT: Robert Ford III (North Florida Septic Tank, Inc.)
PROPERTY ADDRESS: 1174 SW GRAPE Lake City, FL 32024
LOT: 3 BLOCK: _____
SUBDIVISION: Pine Hills ID#: 03744-203

Handwritten notes:
6666
ext
lost
cell

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

TANK INSTALLATION		SETBACKS	
[] [01]	TANK SIZE [1] <u>1650</u> [2] <u>ex 900</u>	[] [27]	SURFACE WATER <u>NA</u> FT
[] [02]	TANK MATERIAL <u>precast cc</u>	[] [28]	DITCHES <u>NA</u> FT
[] [03]	OUTLET DEVICE <u>TEC</u>	[] [29]	PRIVATE WELLS <u>100'</u> FT
[] [04]	MULTI-CHAMBERED [] <u>/ N</u>]	[] [30]	PUBLIC WELLS <u>NA</u> FT
[] [05]	OUTLET FILTER <u>NA</u>	[] [31]	IRRIGATION WELLS <u>NA</u> FT
[] [06]	LEGEND 1. <u>Unknown</u> 2. _____	[] [32]	POTABLE WATER <u>12</u> FT
[] [07]	WATERTIGHT <input checked="" type="checkbox"/>	[] [33]	BUILDING FOUNDATIONS <u>100'</u> FT
[] [08]	LEVEL _____	[] [34]	PROPERTY LINES <u>100'</u> FT
[] [09]	DEPTH TO LID <input checked="" type="checkbox"/>	[] [35]	OTHER <u>NA</u> FT
DRAINFIELD INSTALLATION <u>new</u>		FILLED / MOUND SYSTEM	
[] [10]	AREA [1] <u>360</u> [2] <u>150</u> SQFT <i>total: 510</i>	[] [36]	DRAINFIELD COVER
[] [11]	DISTRIBUTION BOX _____ HEADER <u>X</u>	[] [37]	SHOULDERS
[] [12]	NUMBER OF DRAINLINES 1. _____ 2. _____	[] [38]	SLOPES <u>NA</u>
[] [13]	DRAINLINE SEPARATION <u>4(6, 6, 6)</u>	[] [39]	STABILIZATION _____
[] [14]	DRAINLINE SLOPE _____	ADDITIONAL INFORMATION	
[] [15]	DEPTH OF COVER _____	[] [40]	UNOBSTRUCTED AREA
[] [16]	ELEVATION [] ABOVE / [] <u>BELOW</u>] BM <u>50</u>	[] [41]	STORMWATER RUNOFF
[] [17]	SYSTEM LOCATION _____	[] [42]	ALARMS <u>NA</u>
[] [18]	DOSING PUMPS <u>NA</u>	[] [43]	MAINTENANCE AGREEMENT <u>NA</u>
[] [19]	AGGREGATE SIZE _____	[] [44]	BUILDING AREA
[] [20]	AGGREGATE EXCESSIVE FINES <u>NA</u>	[] [45]	LOCATION CONFORMS WITH SITE PLAN
[] [21]	AGGREGATE DEPTH _____	[] [46]	FINAL SITE GRADING
FILL / EXCAVATION MATERIAL		[] [47]	CONTRACTOR <u>NFS 11/4/25 2100</u>
[] [22]	FILL AMOUNT _____	[] [48]	OTHER <u>NA 11/4/24</u>
[] [23]	FILL TEXTURE <u>NA</u>	ABANDONMENT	
[] [24]	EXCAVATION DEPTH _____	[] [49]	TANK PUMPED _____
[] [25]	AREA REPLACED _____	[] [50]	TANK CRUSHED & FILLED <u>NA</u>
[] [26]	REPLACEMENT MATERIAL _____		

Comments:

CONSTRUCTION [] APPROVED / DISAPPROVED []: _____ Columbia CHD DATE: 11/4/25
FINAL SYSTEM [] APPROVED / DISAPPROVED []: _____ Columbia CHD DATE: 11/4/25

(Explanation of Violations on following page)



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

PERMIT NO. 25-0702
DATE PAID: 9/24/25
FEE PAID: 225.00
RECEIPT #: 5246966

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary MOD

APPLICANT: WILLIAM BROWN (CLAYTON) EMAIL: nflsepticTank@comcast.net

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 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: 3 BLOCK: -- SUBDIVISION: PINE HILL UNREC PLATTED: 2020

PROPERTY ID #: 31-5S-16-03744-203 ZONING: VAC I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 10.64 ACRES WATER SUPPLY: PRIVATE PUBLIC ≤2000GPD >2000GPD

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

PROPERTY ADDRESS: 1174 SW GRAPE ST, LAKE CITY FL

DIRECTIONS TO PROPERTY: _____

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- NEW	4	2000	
2	OLD	3		ATTACHED
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Robert Ford 999 DATE: 9/2/25



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



E-MAILED
NFS 9/15/25

PERMIT #: 12-SC-3186791

APPLICATION #: AP2246966

DATE PAID: _____

FEE PAID: _____

RECEIPT #: _____

DOCUMENT #: PR2321515

CONSTRUCTION PERMIT FOR: OSTDS Existing Modification

APPLICANT: WILLIAM**25-0702 BROWN

PROPERTY ADDRESS: 1174 SW GRAPE Lake City, FL 32024

LOT: 3 BLOCK: _____ SUBDIVISION: Pine Hills

PROPERTY ID #: 03744-203

[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 1,050] GALLONS / GPD Existing 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 [500] 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: 4x4 post at water faucet east of site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

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

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.
T Adding 350sqft to existing 150sqft for a total of 500sqft for the new 4 bedroom.
H
E
R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

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

DATE ISSUED: 09/10/2025 EXPIRATION DATE: 03/10/2027

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

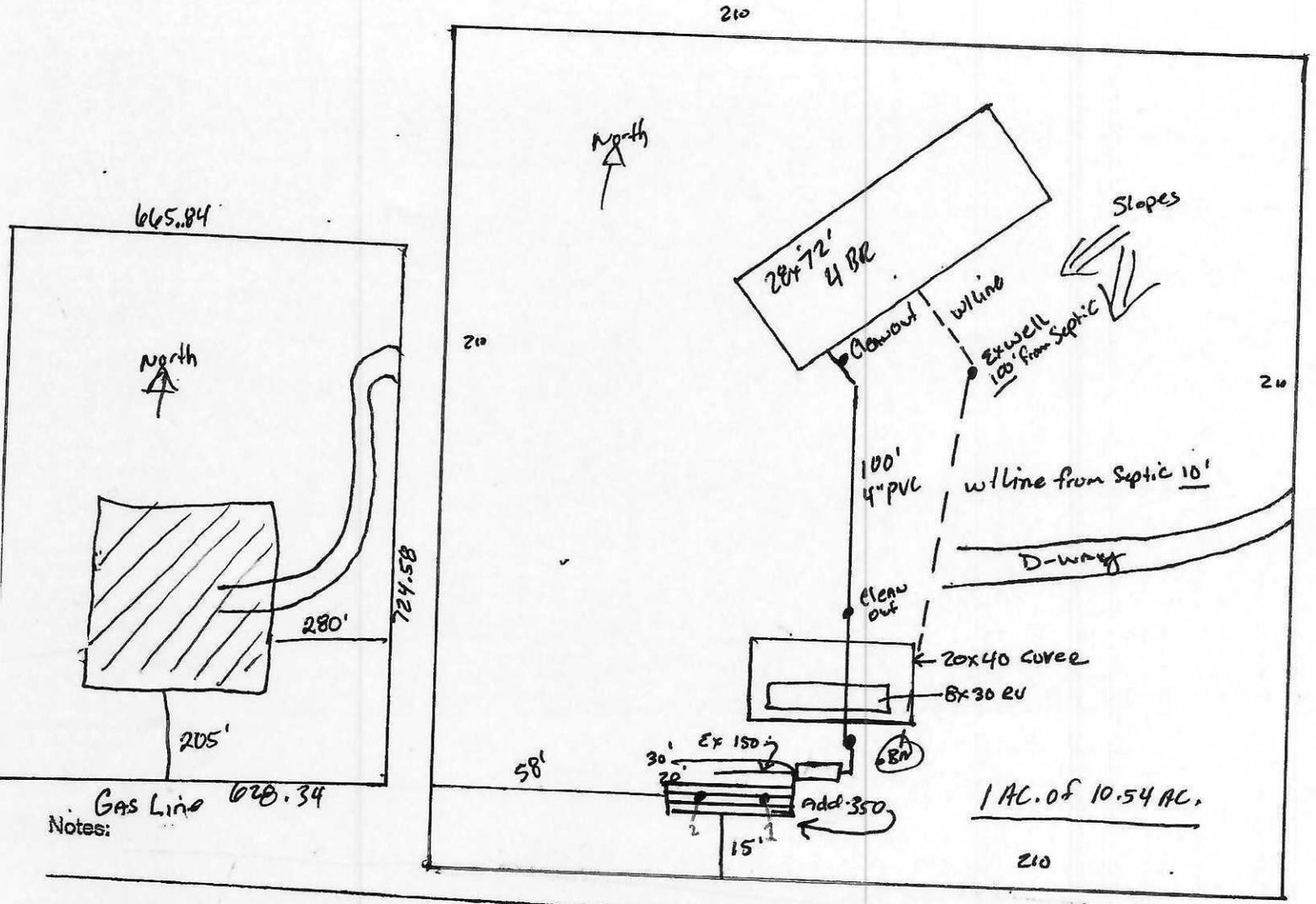
KA

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 APPLICATION FOR CONSTRUCTION PERMIT

1"=40'

Permit Application Number 25-0702
Brown

PART II - SITEPLAN



Site Plan submitted by: Richard Ford 9/2/15
 Plan Approved Not Approved
 By [Signature] Date 9/8/25
 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 08-21-2022 (Obsoletes previous editions which may not be used)
 Incorporated: 62-6.004, F.A.C.