

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-8456

Nickelson

PART II - SITEPLAN

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

See  
attached

Notes:

Site Plan submitted by:

Kathy D. D.

master contractor

Plan Approved

Not Approved

Date

6/22/23

By

Canandra Bonds

EST Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

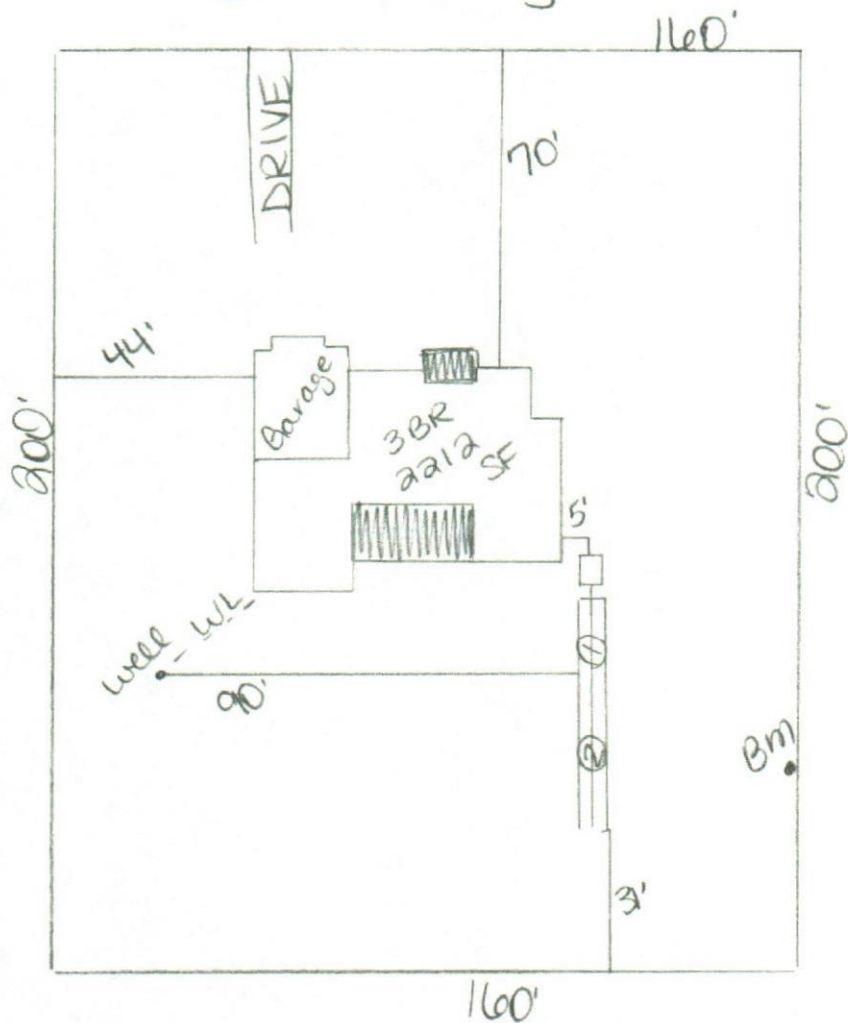
Incorporated: 02-6.004.F.A.C.

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~~230452~~ Nickelson  
lin = 40ft.  
6-5-23

↑N

SW Loblolly Pl.



Roddy D 7





STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 13-84520  
DATE PAID: 2/16/23  
FEE PAID: 310.00  
RECEIPT #: 1922540

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Dale Nickelson EMAIL: rockyford@windstream.net  
AGENT: A&B Construction TELEPHONE: 386-497-2311  
MAILING ADDRESS: 546 SW Dortch St, Ft. White, FL 32038

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: 4 BLOCK: B SUBDIVISION: Forest Country PLATTED: \_\_\_\_\_

PROPERTY ID #: 15-48-16-03000-124 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 0.734 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: SW Loblolly Pl, Lake City, FL  
DIRECTIONS TO PROPERTY: TR onto US-90 W, TL onto FL-247S, TL onto SW Monk way, TL onto Long Leaf Blvd, TR onto SW Loblolly Pl.

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 SF Residential 3 2212

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

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

SIGNATURE: Rocky Ford DATE: 6-5-23

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

Incorporated 62-6.004, FAC

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

PERMIT #: **12-SC-2738348**  
APPLICATION #: **AP1972576**  
DATE PAID: **6.16.23**  
FEE PAID: **310.00**  
RECEIPT #:  
DOCUMENT #: **PR1965019**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: DALE\*\*23-0456 NICKELSON  
PROPERTY ADDRESS: SW LOBLOLLY Lake City, FL 32024  
LOT: 4 BLOCK: B SUBDIVISION: Forest Country 3rd Addition  
PROPERTY ID #: 03000-124 [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 [ 400 ] GALLONS / GPD Aerobic Treatment Unit 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: [X] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]  
N  
F LOCATION OF BENCHMARK: Nail in oak East of site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 12.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 42.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] 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 \*\*\*System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.  
H Nitrogen reducing NSF-245 certified aerobic treatment unit required. Maintenance contract and operating permitting/fee also required.  
E -Operating permit fee and application / 2yr signed maintenance entity contract agreement w/ owner required prior to final  
R approval.

SPECIFICATIONS BY: ROCKY D FORD TITLE: Mark Contractor  
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD  
DATE ISSUED: 07/14/2023 EXPIRATION DATE: 12/22/2024  
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC