



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

PERMIT NO. 20-0297
DATE PAID: 4.18.20
FEE PAID: 310.00
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: Forty Seven Properties

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, 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

LOT: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 17-49-17-08410-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 56.3 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: US HIGHWAY 441, LAKE CITY

DIRECTIONS TO PROPERTY: 441 South to lot Right in front of ADDRESS 3795

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
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1	Warehouse	0	17,500	5 loading bays
2				3 employees
3				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William A. Bishop II DATE: 4/1/2020

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 ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0297

Forty Seven Properties - PART II - SITEPLAN - - - - -

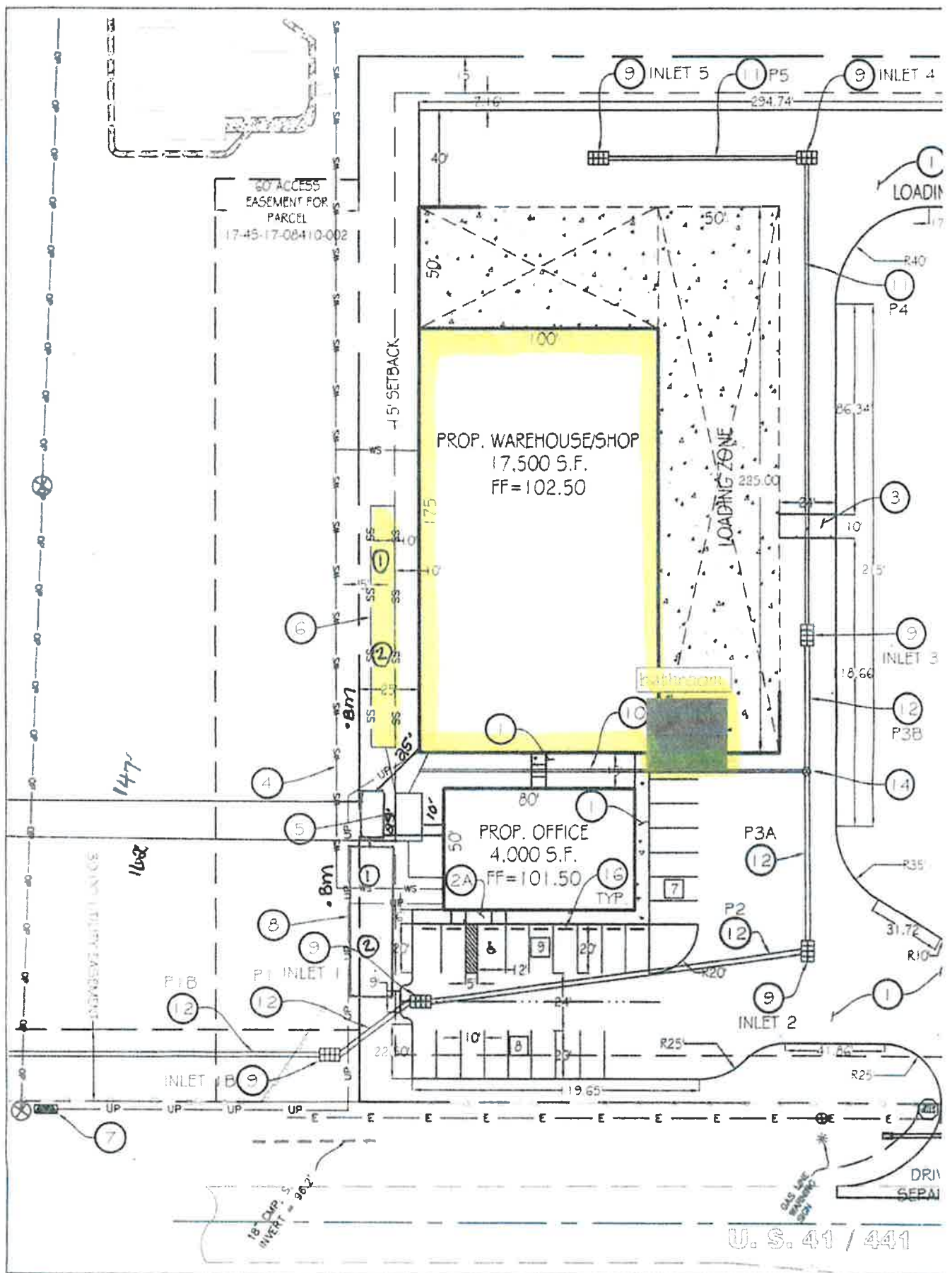
Scale: 1 inch = 40 feet.

See
Attached

Notes: _____

Site Plan submitted by: William D. Bishop II MASTER CONTRACTOR
Plan Approved X Not Approved _____ Date 4/1/2020
By [Signature] Columbia CHD County Health Department
4/24/20

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT





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

PERMIT #: **12-SC-2055979**
APPLICATION #: **AP1479200**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR1325167**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: **20-0297 (Forty Seven Properties)
PROPERTY ADDRESS: US Highway 441 Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 17-4S-17-08410-000 [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 [1,350] GALLONS / GPD Septic Tank CAPACITY
A [] GALLONS / GPD _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [682] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in stake @ D/F 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 Sewage Flow based on Commercial setting (Warehouse).
T Three Employees @ single 8 hour shift = 45 GPD.
H Five Loading bays = 500 GPD.
E *** Total GPD = 545 GPD ***
R *If well is proposed, must be permitted as limited use well.*

SPECIFICATIONS BY: William D. Bishop II TITLE: Master Septic Contractor

APPROVED BY: Dustin W. Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 04/24/2020 EXPIRATION DATE: 10/24/2021

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

Incorporated: 64E-6.003, FAC