

SSD 317001494



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

PERMIT NO. 20-0810
DATE PAID: 10/9/20
FEE PAID: 425.00
RECEIPT #: 1583877

APPLICATION FOR:

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

APPLICANT: Ralph + Elizabeth Bonanza

AGENT: America's Home Place - Alex Locay TELEPHONE: 352-244-8247

MAILING ADDRESS: 9200 NW 39th Ave. Suite 190, Gainesville, FL 32606

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: 16 BLOCK: _____ SUBDIVISION: Foxwood PLATTED: _____

PROPERTY ID #: 27-6S-16-03951-116 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5.1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 532 ~~TBD~~ SW Jeanlea Place, Fort White, FL 32038

DIRECTIONS TO PROPERTY: See attached

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>New Residential home</u>	<u>3</u>	<u>2198</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: R. Bonanza DATE: 10/2/2020



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

PERMIT #: **12-SC-2184922**
APPLICATION #: **AP1583877**
DATE PAID: 10/20
FEE PAID: 425.00
RECEIPT #: _____
DOCUMENT #: **PR1470009**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: RALPH**20-0810 BONANZA
PROPERTY ADDRESS: JEANLEA Fort White, FL 32038
LOT: 16 BLOCK: _____ SUBDIVISION: FOXWOOD PH 1
PROPERTY ID #: 03951-116 [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 New Multi-Chambered Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [300] GALLONS DOSING TANK CAPACITY [50.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]

D [462] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N

F LOCATION OF BENCHMARK: Nail in tree W of system site

I ELEVATION OF PROPOSED SYSTEM SITE [16.00] [INCHES] FT [] ABOVE / [x] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [14.00] [INCHES] FT [] ABOVE / [x] BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [20.00] INCHES EXCAVATION REQUIRED: [] 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
H Dosing tank to be used if gravity flow cannot be achieved.

E
R

SPECIFICATIONS BY: Sean P Havens TITLE: Enviromental Specialist I

APPROVED BY: Sean P Havens TITLE: Enviromental Specialist I Columbia CHD

DATE ISSUED: 11/23/2020 EXPIRATION DATE: 05/23/2022

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

Incorporated: 64E-6.003, FAC

Page 1 of 3

Handwritten signature

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

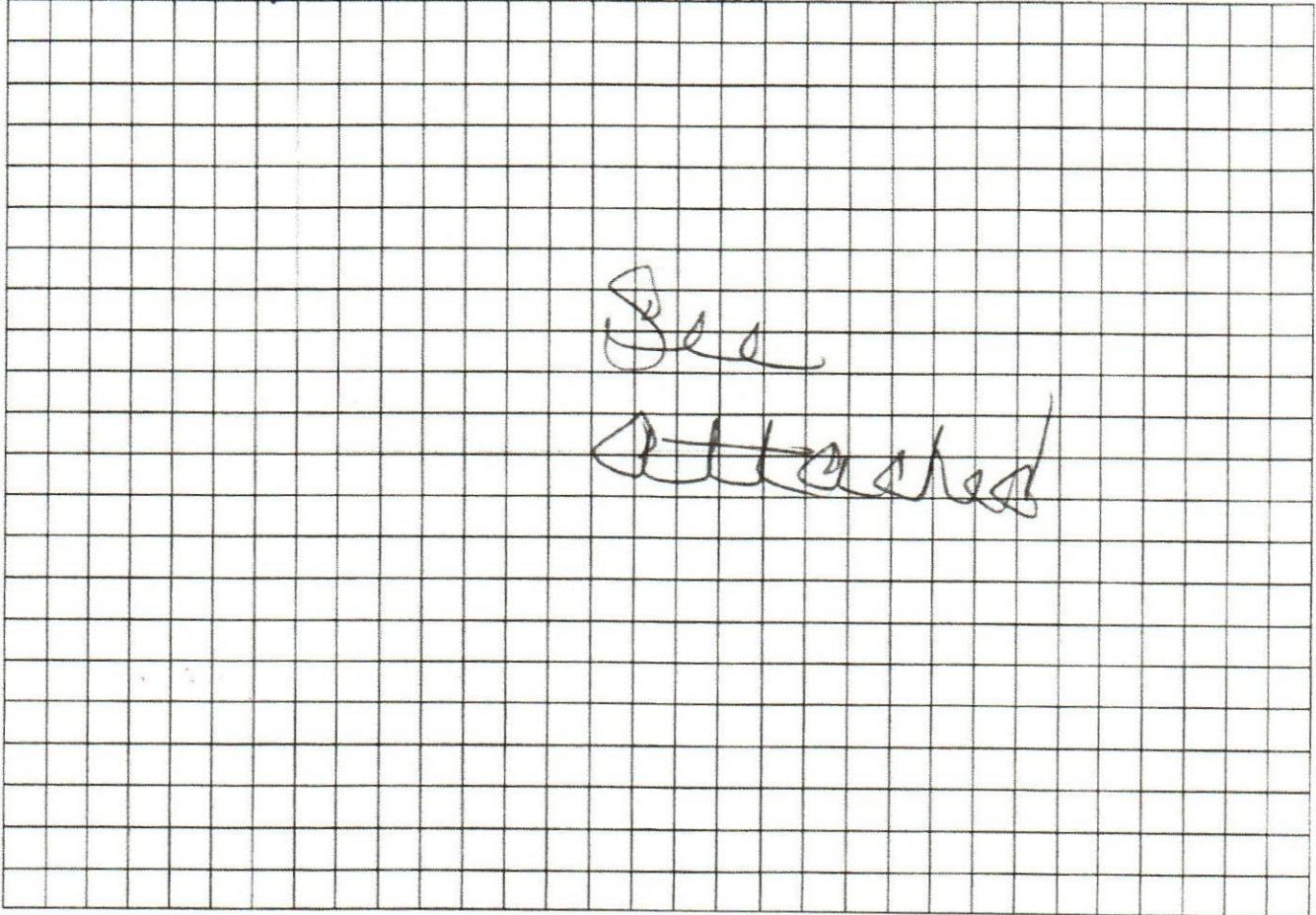
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

20-0810

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

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



Notes: _____

* Site Plan submitted by: Alex Carey / Mark McArthur

Agent: ✓

Owner: _____

Date: 10/13/2020

Plan Approved ✓

Not Approved _____

Date 11/23/20

By _____

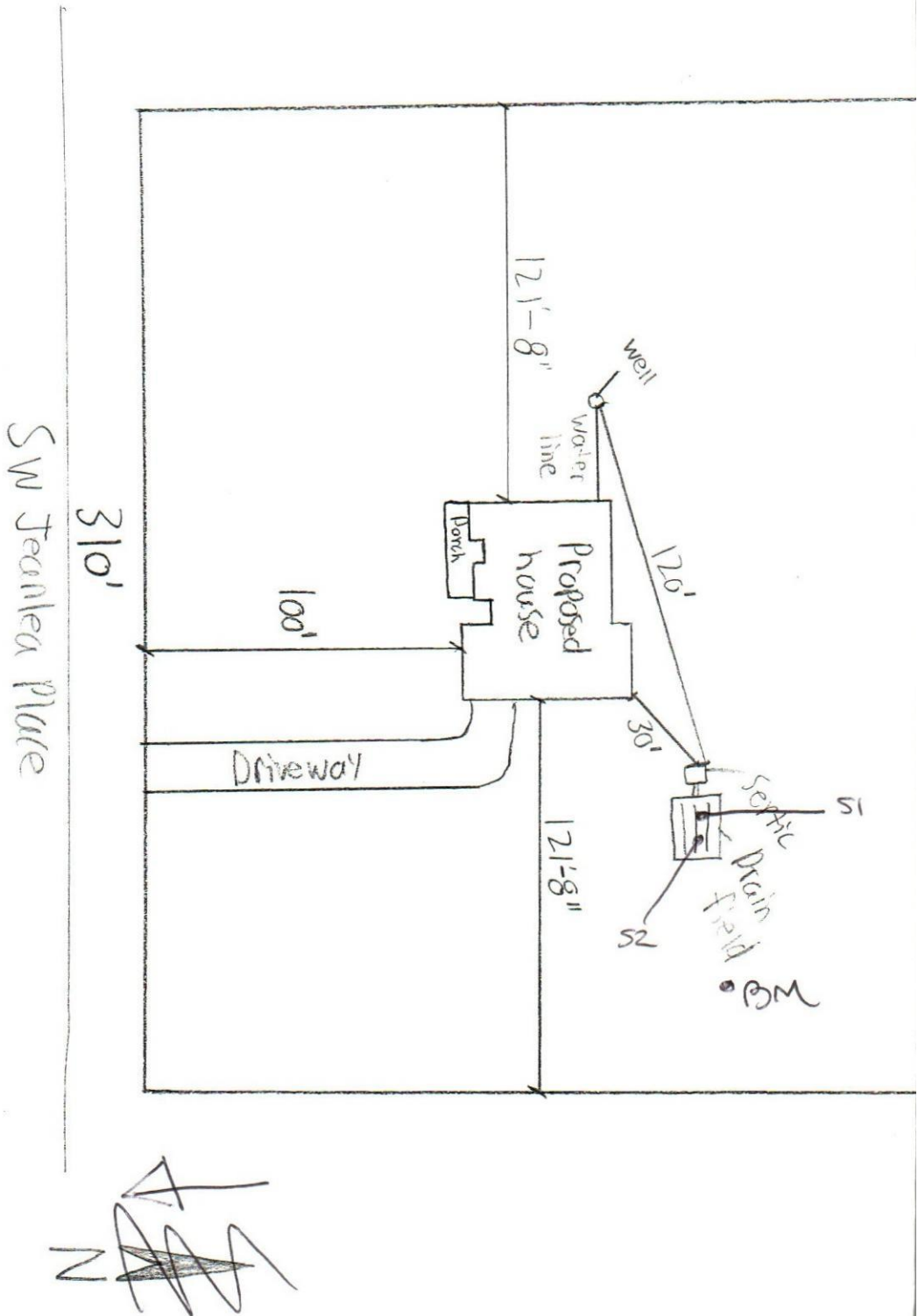
COLUMBIA County Health Department

ES2

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



20-0810



Bonanza Residence

3/16" = 10'-0"

Parcel ID: 27-65-16-03951-116

X R. B. [Signature]

615'