



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

PERMIT #: **12-SC-2166847**
APPLICATION #: **AP1578349**
DATE PAID: **9/16/20**
FEE PAID: **31000**
RECEIPT #:
DOCUMENT #: **PR1408540**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DANIEL**20-0742 WALFORD
PROPERTY ADDRESS: SW SPRUCE Lake City FL 32024
LOT: 14 BLOCK: D SUBDIVISION: Spring Hollow
PROPERTY ID #: 00488-080 [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 [1200] GALLONS / GPD 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 [675] 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 Nail in oak N. 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

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

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

SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SAC890009: SM0081587

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

DATE ISSUED: 09/17/2020 EXPIRATION DATE: 09/17/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 542-5 003 FAC Page 1 of 3



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

PERMIT NO. 22-0242
DATE PAID: 9/16/2020
FEE PAID: 315.00
RECEIPT #: 1528349

APPLICATION FOR:

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

APPLICANT: Daniel Walford

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)(a) 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: 14 BLOCK: D SUB: Spring Hills PLATTED: _____

PROPERTY ID #: 36-58-15-00488-080 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.045 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: SW Spruce Rd Lake City FL

DIRECTIONS TO PROPERTY: 47 South Right on CR 240 Left on SW Ichetucknee Ave Right on SW Curtain Lane Left on SW Spruce St to lot on Right

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	SF Residential	4	2560	
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2

3

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II

DATE: 9/14/2020

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

Permit Application Number 20-0742

D. WATFORD (SHISHKOV) PART II - SITEPLAN

Scale: 1 inch = 40 feet

See attached

Notes _____

Site Plan submitted by William R. Bishop II MASTER CONTRACTOR
Plan Approved 10 Not Approved _____ Date 9/14/2020
By [Signature] Columbia CHD County Health Department
9/17/20
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



SUWANNEE RIVER

WATER MANAGEMENT DISTRICT

Virginia Johns, Chair
Charles Keith, Secretary/Treasurer
Hugh Thomas, Executive Director

September 22, 2020

A&B Well Drilling INC
5673 NW Lake Jeffery Rd
Lake City, FL 32055-4782

SUBJECT: Water Well Construction Permit 238116- located in Columbia County

Dear Sir/Madam:

Please find enclosed the permit for the above referenced project. Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work.

The permit enclosed is a legal document. Please read the permit carefully since you are responsible for compliance with any conditions which is a part of this permit. Compliance is a legal requirement and your assistance in this matter will be greatly appreciated.

If you have any questions concerning your permit, please do not hesitate to contact this office at (386) 362-1001.

Thank you for your interest in our water resources.

Sincerely,

A handwritten signature in cursive script that reads "Chrissy Carr".

Chrissy Carr, PWS
Senior Environmental Scientist
Bureau of Regulatory Support

cc: District Permit File
Contractor



**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,
REPAIR, MODIFY, OR ABANDON A WELL**

☐ Southwest ☐ Northwest ☐ St. Johns River ☐ South Florida ☒ Suwannee River ☐ DEP ☐ Delegated Authority (If Applicable)

PLEASE, FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing this form and forwarding the permit application to the appropriate delegated authority where applicable.

Permit No:	3-023-238116-1		
Florida Unique ID			
Permit Stipulations Required (See Attached)			
62-524 Quad No.	4923SE	Delineation No.	
CUP/WUP Application No.			
ABOVE THIS LINE FOR OFFICIAL USE ONLY			

1. Nick Shishkov *Owner, Legal Name if Corporation	Gail M Hussar *Address	Lake City *City	FL *State	32024 *Zip	7277682103 *Telephone Number
2. Spruce St, Fort White, FL 32038 *Well Location - Address, Road Name or Number, City					
3. 36-5S-15-00488-080 *Parcel ID No. (PIN) or Alternate Key (Circle One)			14 Lot		
4. 36 *Section or Land Grant	5S *Township	15E *Range	Columbia *County	Spring Hill Subdivision	Check if 62-524: Yes <input checked="" type="checkbox"/> No
5. BRUCE PARK *Water Well Contractor	2681 *License Number	3867583409 *Telephone Number	pnatalie2@aol.com E-mail Address		
6. 5673 NW Lake Jeffery Rd *Water Well Contractor's Address	Lake City City	FL State	32055-4782 ZIP		
7. *Type of Work: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input type="checkbox"/> Abandonment Reason for Repair, Modification, or Abandonment					
8. *Number of Proposed Wells 1					
9. *Specify Intended Use(s) of Well(s): <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Site Investigation <input type="checkbox"/> Bottled Water Supply <input type="checkbox"/> Recreation Area Irrigation <input type="checkbox"/> Livestock <input type="checkbox"/> Monitoring <input type="checkbox"/> Public Water Supply (Limited Use/DOH) <input type="checkbox"/> Nursery Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP) <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Earth-Coupled Geothermal <input type="checkbox"/> Class I Injection <input type="checkbox"/> Golf Course Irrigation <input type="checkbox"/> HVAC Supply <input type="checkbox"/> Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> HVAC Return Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (describe) _____ Other (describe) _____ (Note: Not all types of wells are permitted by a given permitting authority)					
10. *Distance from Septic System if ≤ 200 ft. 100 11. Facility Description Vacant Residential 12. Estimated Start Date					
13. *Estimated Well Depth 100 ft. *Estimated Casing Depth 50 ft. *Primary Casing Diameter 4 in. Open Hole: From 50 To 100 ft.					
14. Estimated Screen Interval: From _____ To _____ ft.					
15. *Primary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Not Cased <input type="checkbox"/> Other: _____					
16. Secondary Casing: <input type="checkbox"/> Telescope Casing <input type="checkbox"/> Liner <input type="checkbox"/> Surface Casing Diameter _____ in.					
17. Secondary Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other					
18. *Method of Construction, Repair, or Abandonment: <input type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Jetted <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Sonic <input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Hand Driven (Well Point, Sand Point) <input type="checkbox"/> Hydraulic Point (Direct Push) <input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Plugged by Approved Method <input type="checkbox"/> Other (Describe) _____					
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing: From 0 To 3 Seal Material (<input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Other Cement) From 3 To 50 Seal Material (<input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other) From _____ To _____ Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other) From _____ To _____ Seal Material (<input type="checkbox"/> Bentonite <input type="checkbox"/> Neat Cement <input type="checkbox"/> Other)					
20. Indicate total number of existing wells on site _____ List number of existing unused wells on site _____					
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, complete the following: CUP/WUP No. _____ District Well ID No. 140273					
22. Latitude 300025.4349 Longitude 824616.7683					
23. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <input type="checkbox"/> NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84					
I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments. If applicable, I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.					
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.					
BRUCE PARK *Signature of Contractor		2681 *License No.	BRUCE PARK *Signature of Owner or Agent		09/22/2020 *Date

BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By <u>Christina Carr</u>	Issue Date 09/22/2020	Expiration Date 12/21/2020	Hydrologist Approval _____
Fee Received \$ 40 Receipt No. 139594 Check No. OnLine-09744G-274355			
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, MODIFICATION, OR ABANDONMENT ACTIVITIES.			

*Permit No. **3-023-238116-1**

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899
PHONE: (352) 796-7211 or (800) 423-1476
WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
4049 REID STREET, PALATKA, FL 32178-1429
PHONE: (386) 329-4500
WWW.SJRWMD.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712
(U.S. Highway 90, 10 miles west of Tallahassee)
PHONE: (850) 539-5999
WWW.NWFWMD.STATE.FL.US

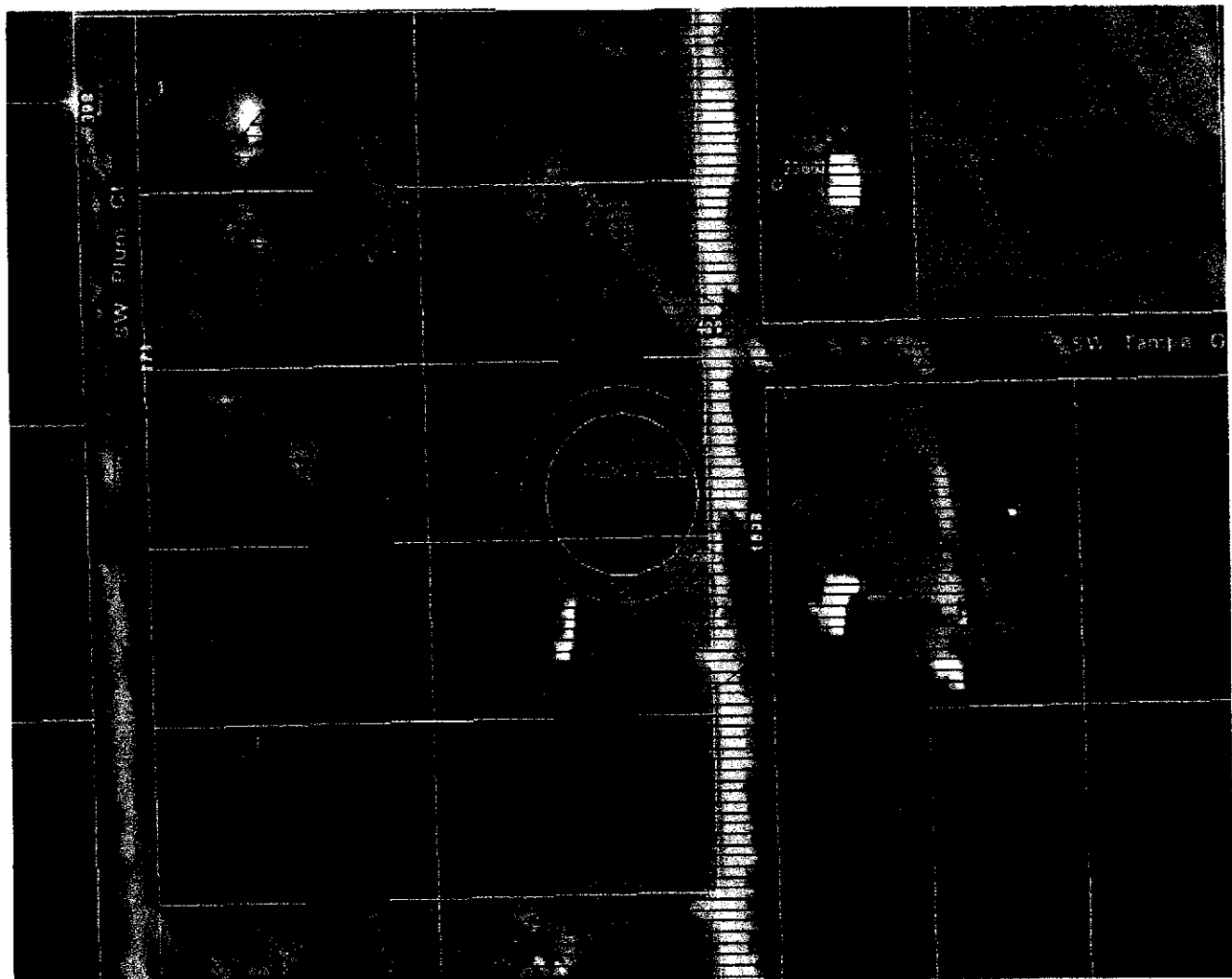
SOUTH FLORIDA WATER MANAGEMENT DISTRICT
P.O. BOX 24680
3301 GUN CLUB ROAD
WEST PLAM BEACH, FL 33416-4680
PHONE: (561) 686-8800
WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)
WWW.MYSUWANNEERIVER.COM

Comments:

*General Site Map of Proposed Well Location

N.



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.
DEP Form 62-532.900(1) Incorporated in 62-532.400(1), F.A.C. Effective Date: October 7, 2010

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 3-023-238116-1
A&B Well Drilling INC
DATED SEPTEMBER 22, 2020

1. The well contractor shall notify the District no less than 24 hours prior to initiating construction, repair, or grouting operations. The District representative for this permit is Chrissy Carr (386) 336-5644.
2. The well contractor shall meet the well/ sanitary hazard setback requirements of Chapter 62-532, F.A.C., Table 1. Variances from these setbacks are not authorized unless approved in advance by the District.
3. The well contractor shall post a copy of this permit on-site during all phases of well construction or repair.
4. The well contractor shall submit to the District a Well Completion Report in a District-approved format within 30 days of the completion of the construction, repair, or abandonment authorized by this permit.
5. The well owner shall provide District staff access to the well site during all phases of well construction or repair.
6. Issuance of this permit does not relieve the well owner of obtaining any necessary federal, state, local or special District permits or authorizations.
7. The well contractor shall follow the well construction or repair plan described in the application. Changes to the construction or repair plan are not authorized unless approved in advance by the District.
8. The well contractor shall finish the upper well terminus a minimum of 12 inches above the slab elevation or finished grade whichever is higher.

A & B Construction Inc.

546 SW Dortch St. Ft. White, FL, 32038

(O) 386-497-2311 (F) 386-497-4866

Customer Name: Nick Shishkov Date: 9-11-80

Property Location: SW Spruce Rd, Ft. White

Contact Phone Number (s): 727-768-2103

The above named agrees to the following services:

Septic System Permit:	\$ <u>425.00</u>
Septic System: Tank <u>200</u> Drain Field <u>575</u> Fill / Mound	\$ <u>3850.00</u>
(This is an estimate, exact prices given only after soil sample)	
Lift Station:	\$ _____
100' Well: (_____)	\$ _____
200 Amp Power Pole	\$ _____
Water, Sewer & Electrical Connections	\$ <u>150.00</u>
Underground	\$ _____
House Pad _____ Loads of fill	\$ _____
Build and Spread House Pad:	\$ _____
Move-On Permit:	\$ _____
Fee to Pull Permit:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ <u>4425.00</u>
Down Payment:	\$ _____
Remainder:	\$ _____

Customer Signature: _____ A & B Representative: Karl [Signature]

Please read the following items. Your signature is acknowledgement that you have read and agreed with these terms and conditions and they are satisfactory to you and you are authorizing A&B Construction to proceed with the work.

1. The owner / contractor agrees to pay 50% of the cost of the project prior to commencement of work, representing in good faith deposit. Balance is to be paid upon completion. Final payment not made at the time of completion will be subject to interest at the maximum rate allowed by law.
2. A&B Construction will NOT be responsible for any damage that may occur to driveways, sidewalks, patios, shrubbery, flowers, grass, fence, or any existing underground lines such as sprinklers, water, sewer, telephone, electrical, gas, culverts, or other items not listed.
3. If it becomes necessary to deviate from the above described work or if the owner / contractor request additional or different work to be performed an additional charge shall be agreed upon before that work is undertaken.
4. Pumps installed in any system will carry the manufactures warranty of one (1) year, but does not include labor for installation of replacement pump.
5. In the event it becomes necessary for A&B Construction to employ an attorney for collection of the contract price, it is agreed and understood that any cost incurred for collection will be paid by the owner / contractor in addition to the contracted amount. A&B Construction, Inc. May pursue all remedies available by law, including termination of this contract without notice, repossession of equipment or materials without legal process and recovery of all sums due hereunder. The customer shall pay A&B Construction's cost of collection and enforcement including court cost, attorney's fees and interest.
6. All wells and septic systems installed by A & B Construction will be warranted for one (1) year from date of installation.