



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

PERMIT NO. 24-8792
DATE PAID: 10/29/24
FEE PAID: 310.06
RECEIPT #: 24-8798

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Blair Davis (Trent G)

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: --- BLOCK: --- SUBDIVISION: ---

PLATTED: ---

PROPERTY ID #: 16-6S-17-09688-001

ZONING: --- I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 14.35 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: 1608 SW TOMMY LITES ST, FORT WHITE FL 32038

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	NEW HOME	3	1840	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) ---

SIGNATURE: 6667482494

DATE: 10-29-2024

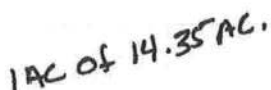
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Incorporated 62-6.004, FAC

$$1'' = 40'$$

24-079

PART II - SITEPLAN

DAVIS



Notes:

10-28-2024

Not Approved

By

County Health Department

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Incorporated: 62-6.004, F.A.C.



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

PERMIT #: **12-SC-3020777**
APPLICATION #: **AP2163398**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2183496**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: BLAIR**24-0792 DAVIS

PROPERTY ADDRESS: 1608 SW TOMMY LITES Fort White, FL 32038

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 09688-001 [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 Septic 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 _____ SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND []

I CONFIGURATION: [x] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: 60" oak tree west of site

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

E BOTTOM OF DRAINFIELD TO BE [17.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [25.00] 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 Dosing tank to be used if gravity flow cannot be achieved.

H Sandy Clay Loam within 36" below the bottom of the drainfield in a mound configuration. 0.65 loading rate required.

E

R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

APPROVED BY: Kyle B Roberts TITLE: Environmental Manager Columbia CHD

DATE ISSUED: 11/05/2024 EXPIRATION DATE: 05/05/2026

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