



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

PERMIT NO. 22-0087
DATE PAID: 5/02/22
FEE PAID: 1600.00
RECEIPT #: 1800928

APPLICATION FOR:

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

APPLICANT: Jeffrey W and Jenifer P Coker

AGENT: _____ TELEPHONE: 386-288-3467

MAILING ADDRESS: 4562 SE County Rd. 245, 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

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 23-45-17-09713-001 ZONING: A3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 13.33 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 4562 SE County Rd 245, Lake City, FL 32025

DIRECTIONS TO PROPERTY: From intersection of Hwy 100 and CR 245 (Price Creek Rd)
S on CR 245 for 3.7 miles to Driveway on R. Turn R Follow
Driveway to end.

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>SFR</u>	<u>3</u>	<u>4300 (Under Roof)</u>	<u>2577 (Hatched)</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 2/3/2022



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

PERMIT #: 12-SC-2463957
APPLICATION #: AP1800928
DATE PAID: 7/3/22
FEE PAID: 425.00
RECEIPT #: _____
DOCUMENT #: PR1735137

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JEFFREY**22-0087 COKER
PROPERTY ADDRESS: 4562 SE CR 245 Lake City, FL 32025
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 08713-001 [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 [1,050] GALLONS / GPD Septic Tank CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [300] GALLONS DOSING TANK CAPACITY [67.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]

D [500] 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 pine.

I ELEVATION OF PROPOSED SYSTEM SITE [20.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [1.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [39.00] INCHES EXCAVATION REQUIRED: [15.00] 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 400 gpd. Performing Lift Dosing.

T Pumps must be certified as suitable for distributing sewage effluent.

H **Remove all sodic material, excavation material is to NOT be used in or on system including slopes.

E

R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

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

DATE ISSUED: 02/08/2022 EXPIRATION DATE: 08/08/2023

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

Incorporated: 64E-6.003, FAC

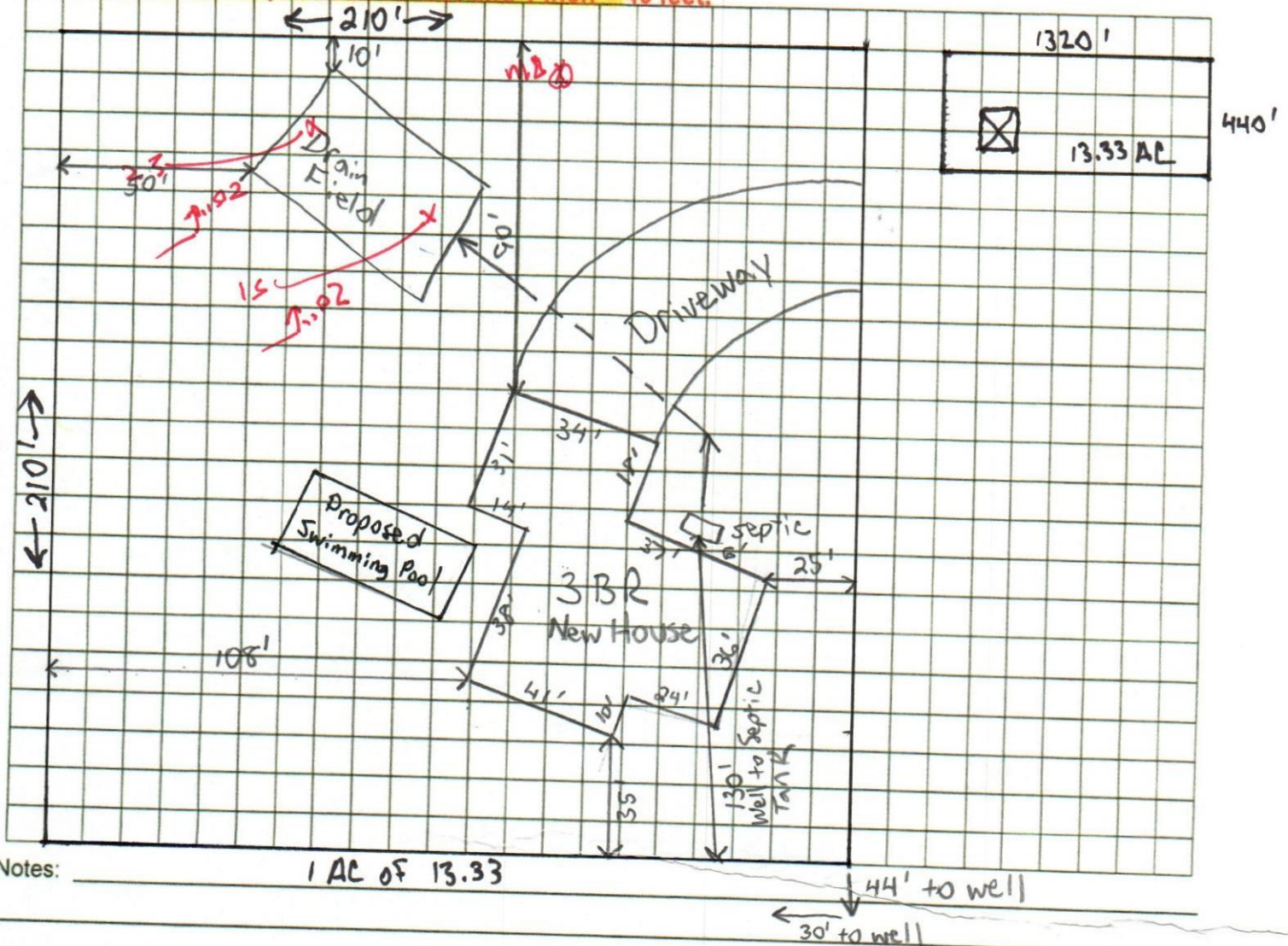
Page 1 of 3

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0087

PART II - SITEPLAN

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



Site Plan submitted by: [Signature]

Plan Approved X

By [Signature]

Agent:

Owner:

Date:

Date 2/18/22

Not Approved

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT