



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

PERMIT NO. 23-0878  
DATE PAID: 12/27/23  
FEE PAID: 310.00  
RECEIPT #: 2027576

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Jeffrey Fischer

EMAIL: \_\_\_\_\_

AGENT: Jeff Hardee

TELEPHONE: 352-949-0592

MAILING ADDRESS: 6450 NW 72 Lane Chiefland, FL 32626

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: 5 BLOCK: \_\_\_\_\_ SUBDIVISION: Hermitage PLATTED: \_\_\_\_\_

PROPERTY ID #: 21-78-17-10039-105 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5.00 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ [ <=2000GPD ] ☐ >2000GPD

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

PROPERTY ADDRESS: 273 SW Hermitage GLN

DIRECTIONS TO PROPERTY: 441 South towards Highways  
~ 1 mile before Alachua County T/R onto SW Hermitage GLN  
left on right at cul-de-sac.

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	<u>House</u>	<u>4</u>	<u>3770</u>	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Jeff Hardee

DATE: 12-14-23

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

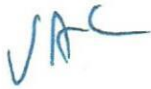
Incorporated 62-6.004, FAC

## APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

VAC

## PART II - SITEPLAN



Site Plan submitted by:

Plan Approved.

Not Approved.

By\_

Not Approved  
Salli Fred EH Director. Columbia

Date 12.27.23

County Health Departn

**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-2835703**  
APPLICATION #: **AP2029576**  
DATE PAID: **12.27.23**  
FEE PAID: **310.00**  
RECEIPT #:  
DOCUMENT #: **PR2036118**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: JEFFREY\*\*23-0878 FISCHER  
PROPERTY ADDRESS: 273 SW HERMITAGE High Springs, FL 32643  
LOT: 5 BLOCK: SUBDIVISION: HERMITAGE  
PROPERTY ID #: 10039-105 [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 [ 1,200 ] 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 [ 575 ] SQUARE FEET drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]  
N

F LOCATION OF BENCHMARK: Nail in tree W of home

I ELEVATION OF PROPOSED SYSTEM SITE [ 31.00 ] [ INCHES ] FT [ ] ABOVE / [ ] BELOW BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 61.00 ] [ INCHES ] FT [ ] ABOVE / [ ] BELOW BENCHMARK/REFERENCE POINT  
L

D FILL REQUIRED: [ 0.00 ] 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 460 gpd.  
T  
H  
E  
R

SPECIFICATIONS BY: Jeffrey W Hardee TITLE: CEHP

APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD

DATE ISSUED: 12/27/2023 EXPIRATION DATE: 06/27/2025

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