



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

PERMIT NO. 22-0523
DATE PAID: 4/8/22
FEE PAID: 318.00
RECEIPT #: 185073

APPLICATION FOR:

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

APPLICANT: Daniel Collins

AGENT: Oda Price

TELEPHONE: 386-963-4298

MAILING ADDRESS: 3360 150th Place Lake City FL 32024

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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 04-16517-09598-006 ZONING: A3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1109 SW Howell Street Lake City FL 32024

DIRECTIONS TO PROPERTY: (N) Hemando Ave (N) NE Madison St (N) N Main Ave (N) onto W Duval St (N) at 3rd cross st onto SW main Blvd. Right @ 47 merge 1-75 take exit 414 for US-41 / US-441 keep @ Fork @ US-41 - (N) Howell Rd

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	Install SWMH	3	1140	proposed New
2				
3				
4				

☒ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Oda Price DATE: 6/1/22



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

PERMIT #: **12-SC-2526401**
APPLICATION #: **AP1850173**
DATE PAID: **6/8/22**
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR1790123**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DANIEL**22-0523 COLLINS
PROPERTY ADDRESS: 1109 SW HOWELL Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 09598-006 [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 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 [375] SQUARE FEET Drianfield 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 fence post SW of site.

I ELEVATION OF PROPOSED SYSTEM SITE [32.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [50.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] 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 300 gpd.
T
H
E
R

SPECIFICATIONS BY: Scott Ellington TITLE: CEHP

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 06/08/2022 EXPIRATION DATE: 12/08/2023

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

Incorporated: 64E-6.003, FAC

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Permit Application Number 22-0523

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

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

SEE ATTACHED
SITEPLAN

Notes: _____

Site Plan submitted by: [Signature]

Plan Approved ☒ Not Approved ☐

By: [Signature]

6/1/22

Date 6/8/22

[Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLLINS SITE PLAN
1109 SW HOWELL ST.
LAKE COUNTY, FL 32024
PARCEL ID# 04-65-17-09598-006(35209)
(COLUMBIA R.)

NAT TO SCALE
4359.0'
10.8 AC TOTAL
321.95'
1000.6'

SCALE: 1"=40'

29' 18" 14' 35' 42' 72' 705.13'

PROPOSED WALK
PROPOSED 3 IN
AS SHOWN

SER 1
SER 2

EXISTING BOUNDARY

Oda Price 5/31

SW HOWELL ST

Rec'd
6.16.22