STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT *13/5 Change to new

APPLICATION FOR:
* [X] New System   [ ] Existing System   [ ] Holding Tank   [X] Innovative
[ ] Repair   [ ] Abandonment   [ ] Temporary   [✓] Site E-Val ONL
        12/6/13 Change to "New"

APPLICANT: Joel Doroshenko

AGENT: email. Joel.Doroshenko@delta.com   TELEPHONE: 612 281 8621

MAILING ADDRESS: 20 Rebekah Court Newnan

==

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: 9   BLOCK: ____   SUBDIVISION: Southern Landings   PLATTED: ____

PROPERTY ID #: 12-4S-16-0294l-109   ZONING: Res.   I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .75 ACRES   WATER SUPPLY: [X] PRIVATE   PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /(N)]   DISTANCE TO SEWER: _____FT

PROPERTY ADDRESS: 252 SW Voyager CT

DIRECTIONS TO PROPERTY: Sisters Welcome South to
Brothers Welcome (1.2 miles south of Bascom Noris)
Left to Voyager CT LT to (252 Lot 9)

BUILDING INFORMATION   [X] RESIDENTIAL   [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	House	3	2135	
2	Hangar/Storage		2600	Possible Apartment later
3				Size up for 400 GPD sizing
4				

[ ] Floor/Equipment Drains   [ ] Other (Specify) _____

SIGNATURE: _____   DATE: 11/26/13

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC   Page 1 of 4

PERMIT #: **12-SC-1507924**

APPLICATION #: AP1127685

DATE PAID:

FEE PAID:

RECEIPT #:

DOCUMENT #: **PR923944**

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

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JOEL*13-0609 DOROSHENKO

PROPERTY ADDRESS: 252 SW VOYAGER Ct Lake City, FL 32025

LOT: 9 BLOCK: SUBDIVISION: Southern Landings

PROPERTY ID #: 02941-109

[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 [375] 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 with orange ribbon in tree south of system site
I ELEVATION OF PROPOSED SYSTEM SITE [36 00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54 00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0 00] INCHES EXCAVATION REQUIRED: [ ] INCHES

O
T
H
E
R

1) The property owner requests that a 1050 gallon tank and 500 SQFT drainfield be installed to future addition to hanger that will include a bedroom

2) A utility easement is required for OSTDS located on the property that serves the neighboring residence This must be recorded and submitted prior to final approval

SPECIFICATIONS BY: Jeremy X Gifford TITLE: Environmental Specialist I

APPROVED BY: Jeremy X Gifford TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 12/09/2013 EXPIRATION DATE: 06/09/2015

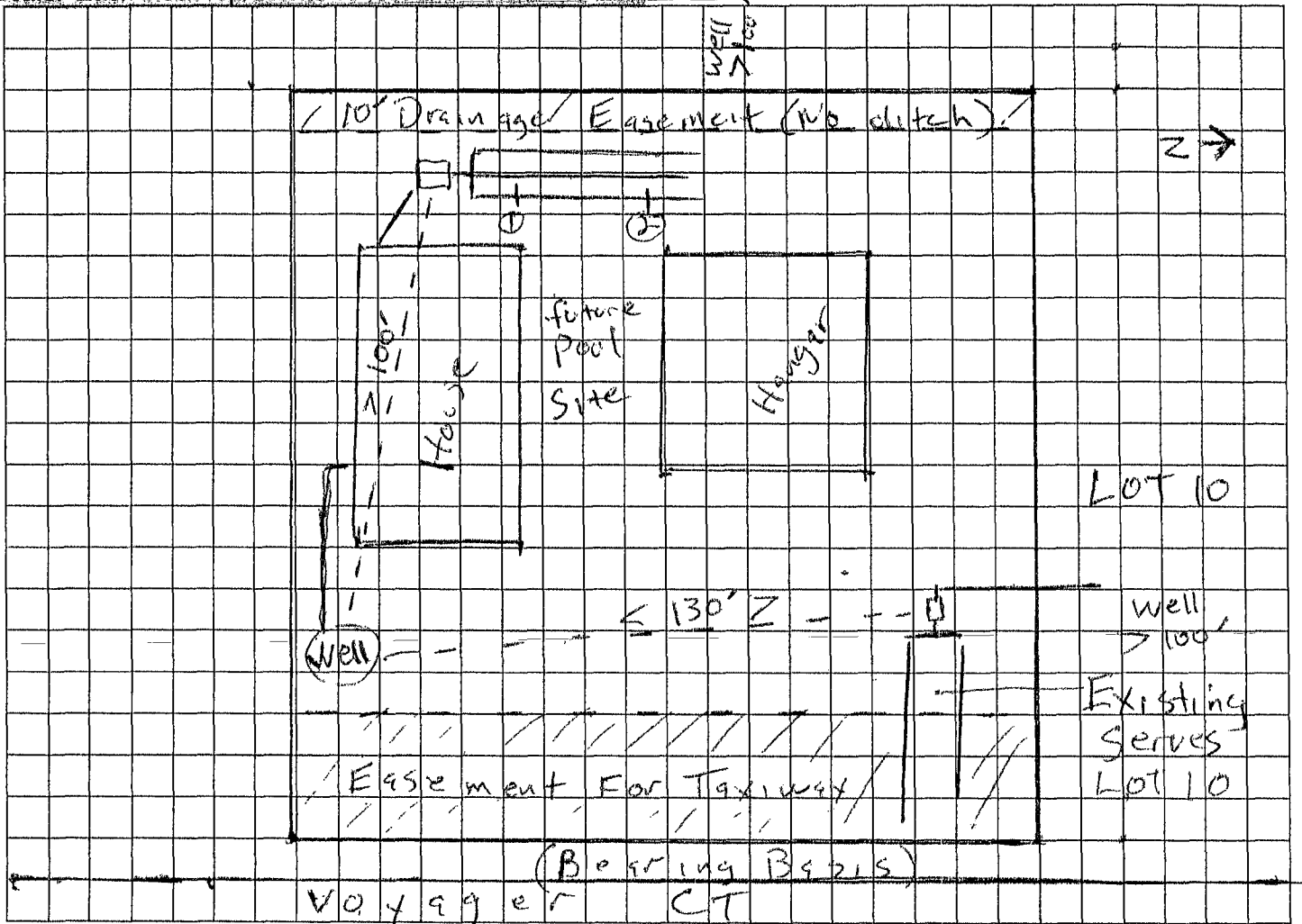DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

Page 1 of 3

v 1 1 4 AP1127685 SF914389

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number __13-0609__

- PART II - SITEPLAN -

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

well >700'

(10' Drainage Easement (No ditch))

N →

House 100'

future Pool Site

Hangar

LOT 10

Well

< 130' →

Well >700'

Existing Serves Lot 10

Easement For Taxiway

(Bearing Basis)

Voyager CT

Notes: _0.59 ac Less Easements_

Site Plan submitted by: _Joel Denhertz_

Plan Approved __X__   Not Approved_____   Date _12/11/13_

By _____   _Columbia_   County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6 001, FAC
(Stock Number 5744-002-4015-6)

Page 2 of 4