



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

CR # 10-8056

PERMIT NO. 21.0231
DATE PAID: 3.11.21
FEE PAID: 310.00
RECEIPT #: AP 1637180

APPLICATION FOR:

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

APPLICANT: DALE & KARLA VICKERSON Nickelson

AGENT: UNIVERSAL ENGINEERING SCIENCES Brittany Dunn TELEPHONE: (678) 340-6766

MAILING ADDRESS: 4475 SW 35 TERR GAINESVILLE FL 32608

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: E 1/2 6 BLOCK: N/A SUBDIVISION: ROSE CREEK PLANTATION PLATTED: _____

PROPERTY ID #: 1-5S-16-03406-206 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 2.250 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: SW GOVERNORS GLENN, LAKE CITY

DIRECTIONS TO PROPERTY:

TAKE 47 SOUTH, TURN LEFT ON WALTER AVE, TURN LEFT ON SW STONE RIDGE DR, TURN LEFT ON SW GOVERNORS GLENN, TO END ON LEFT.

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>HOUSE</u>	<u>3</u>	<u>3,477</u>	<u>(3/16/21)</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Gale Nickelson/B. Dunn DATE: 3.10.21



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

PERMIT #: 12-SC-2250137
APPLICATION #: AP1637180
DATE PAID: 3/11/2021
FEE PAID: 310⁰⁰
RECEIPT #: 12-PIB-4902699
DOCUMENT #: PR1520576

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DALE**21-0231 NICKELSON

PROPERTY ADDRESS: SW GOVERNORS Lake City, FL 32024

LOT: E 1/2 OF 6 BLOCK: SUBDIVISION: ROSE CREEK PLANTATION

PROPERTY ID #: 03406-206 [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 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 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 10" oak S of site

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

E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [6.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R
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.

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD

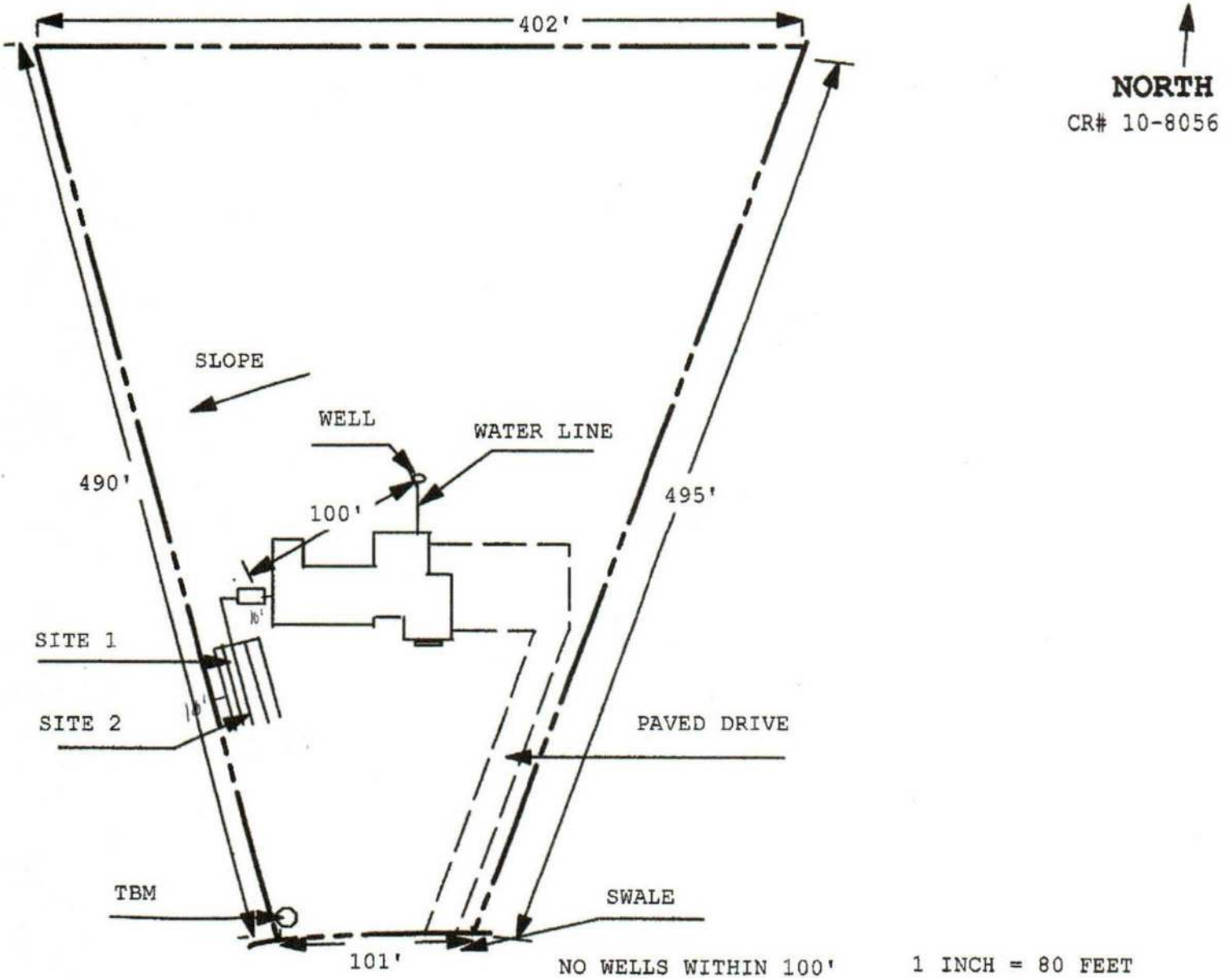
DATE ISSUED: 03/16/2021 EXPIRATION DATE: 09/12/2022

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

Incorporated: 64E-6.003, FAC

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 21-0231

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul L. Lugo Date 3/7/21
Plan Approved Not Approved Date 3/11/2021
By Kyle R. [Signature] Columbia CPHU

Notes: _____