



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

PERMIT NO. 22-0626
DATE PAID: 7/15/22
FEE PAID: 314.00
RECEIPT #: 1828436

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT:

Deltaomega Properties

EMAIL: nflsepticTank@comcast.net

AGENT:

Robert Ford 999 - North Florida Septic Tank INC

TELEPHONE: 386-755-6372

MAILING ADDRESS:

7415E State Rd 100, 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

OSTDS REMEDIATION PLAN? [Y / N]

LOT:

29

BLOCK: Ph1

SUBDIVISION:

Crosswinds

PLATTED:

PROPERTY ID #

24-HS-16-03117-129

ZONING:

I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE:

0.5

ACRES

WATER SUPPLY:

☒ PRIVATE

PUBLIC []

[] <=2000GPD []

>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒ N]

DISTANCE TO SEWER:

FT

PROPERTY ADDRESS:

302 SW Chesterfield Cir, Lake City

DIRECTIONS TO PROPERTY:

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

home sf

3

1660

2

3

4

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

SIGNATURE:

Robert Ford 999

DATE:

7-14-2022

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

Incorporated 62-6.004, FAC

Page 1 of 4

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

1"=40'

Permit Application Number 22-0626

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

Lot 29 Crosswinds

See ATT

Notes: _____

Site Plan submitted by: Robert Ford III DATE: 7-14-2022

MASTER CONTRACTOR

Plan Approved ☒ Not Approved ☐

Date 7/20/22

By [Signature] ES2 Columbus County Health Department

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-2548606**
APPLICATION #: **AP1868406**
DATE PAID: **7/15/22**
FEE PAID: **310.00**
RECEIPT #:
DOCUMENT #: **PR1798259**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DELTA**22-0626 OMEGA PROPERTIES
PROPERTY ADDRESS: 302 SW CHESTERFIELD Lake City, FL 32024
LOT: 29 BLOCK: SUBDIVISION: Crosswinds Phase I
PROPERTY ID #: 03117-129 [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 [400] GALLONS / GPD Aerobic Treatment Unit 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 [282] 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: White dot edge of road N of site
I ELEVATION OF PROPOSED SYSTEM SITE [0.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [30.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] 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 300 gpd.
System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation. Nitrogen reducing NSF-245 certified aerobic treatment unit required. Maintenance contract and operating permitting also required.

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor
APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 07/22/2022 EXPIRATION DATE: 01/22/2024
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC