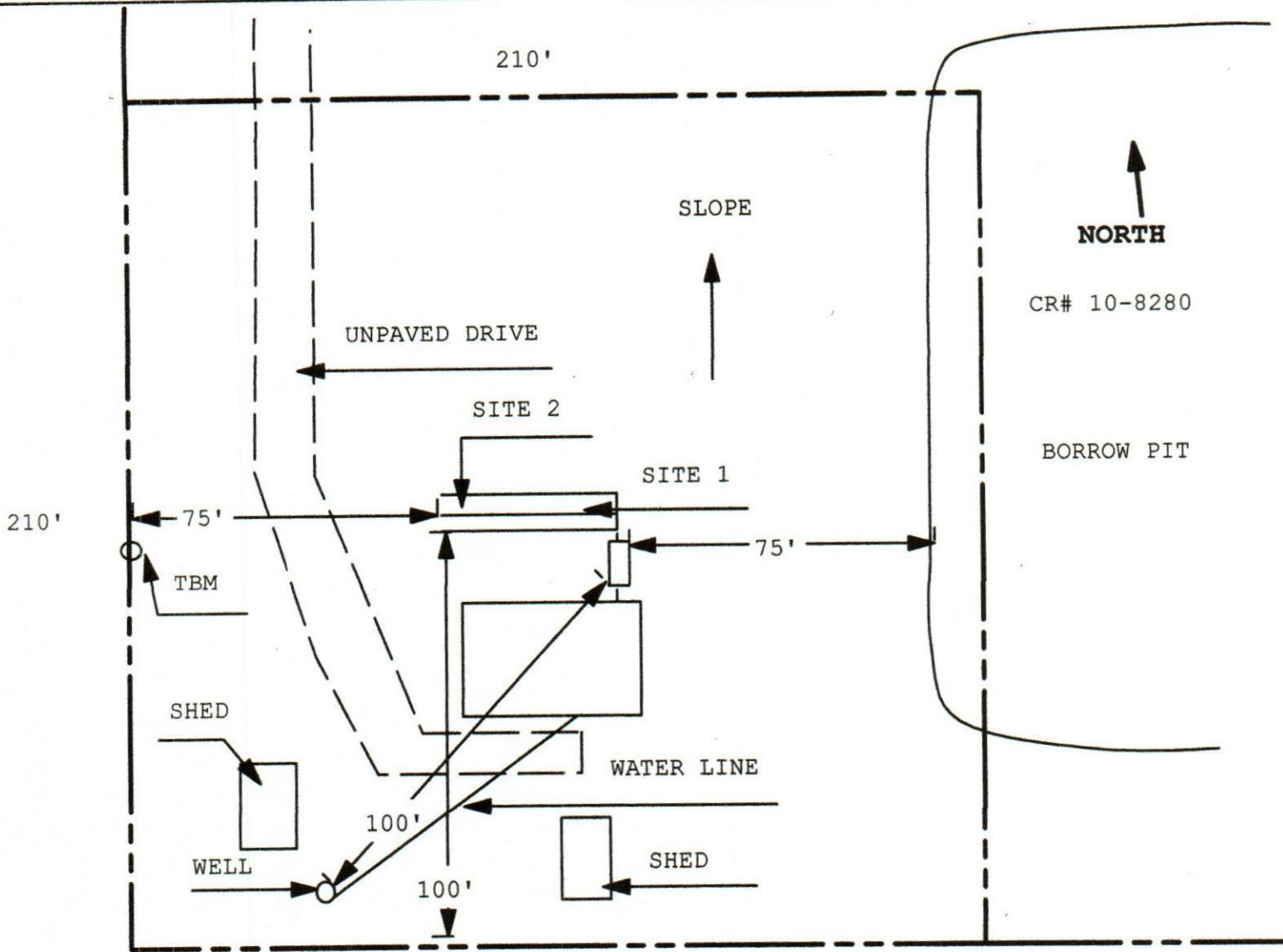


Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 21-0534

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100'

1 INCH = 40 FEET

Site Plan Submitted By Paul R. [Signature] Date 6/6/21
Plan Approved ☒ Not Approved ☐ Date _____

By [Signature] CPHU

Notes: _____



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

PERMIT #: **12-SC-2310757**
APPLICATION #: **AP1679751**
DATE PAID: **6.10.21**
FEE PAID: **310.00**
RECEIPT #:
DOCUMENT #: **PR1580122**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: EDWARD**21-0534 TATE
PROPERTY ADDRESS: 817 SW JONES Lake City, FL 32024
LOT: 5 BLOCK: SUBDIVISION: Tate Subdivision
PROPERTY ID #: 08841-104 [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 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 4" post West of site.

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] 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.

SPECIFICATIONS BY: Paul Lloyd TITLE: Private Soil Evaluation

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

DATE ISSUED: 06/10/2021 EXPIRATION DATE: 12/10/2022

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



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

CR # 10-8280

PERMIT NO. 21-0534
DATE PAID: 10/10/21
FEE PAID: 300.00
RECEIPT #: 1679751

APPLICATION FOR:

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

APPLICANT: EDWARD TATE

AGENT: C & G MFG HOMES / Paul Lloyd TELEPHONE: (386) 755-8885

MAILING ADDRESS: 590SWC CR 242-A 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

LOT: 5 BLOCK: N/A SUBDIVISION: TATE ACRES PLATTED: _____

PROPERTY ID #: 29-4S-17-08841-104 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 5.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 817 SW JONES TERRACE LAKE CITY

DIRECTIONS TO PROPERTY: TAKE US HWY 441 S TURN RIGHT ON CR 242-A TURN LEFT ON SW JONES TERRACE, LOOK FOR OLD WOODEN 2 STORY TURN LEFT ON DRIVEWAY. GO TO LEFT ON DRIVEWAY, SEE GATE.

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	MOBILE HOME	3	1,173	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd DATE: 6/2/24