

60773



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

PERMIT NO. 23-0238
DATE PAID: 3/28/23
FEE PAID: 64.40
RECEIPT #: 1955788

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Cecilio Zamagoza Hernandez EMAIL: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: 1662 SW Sebastian Cir 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

OSTDS REMEDIATION PLAN? ☐ Y ☒ N

LOT: 2 BLOCK: B SUBDIVISION: Southern Hills PLATTED: _____

PROPERTY ID #: 22-55-16-08671-048 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 4.7 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 1664 SW Sebastian Cir Lake City Fl. 32024

DIRECTIONS TO PROPERTY: If can't find address you can put
1664 SW Sebastian Cir Lake City Fl. 32024

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	MH	2	768	Home is onsite re-connected
2	Att			
3				ORIGINAL ATTACHED
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

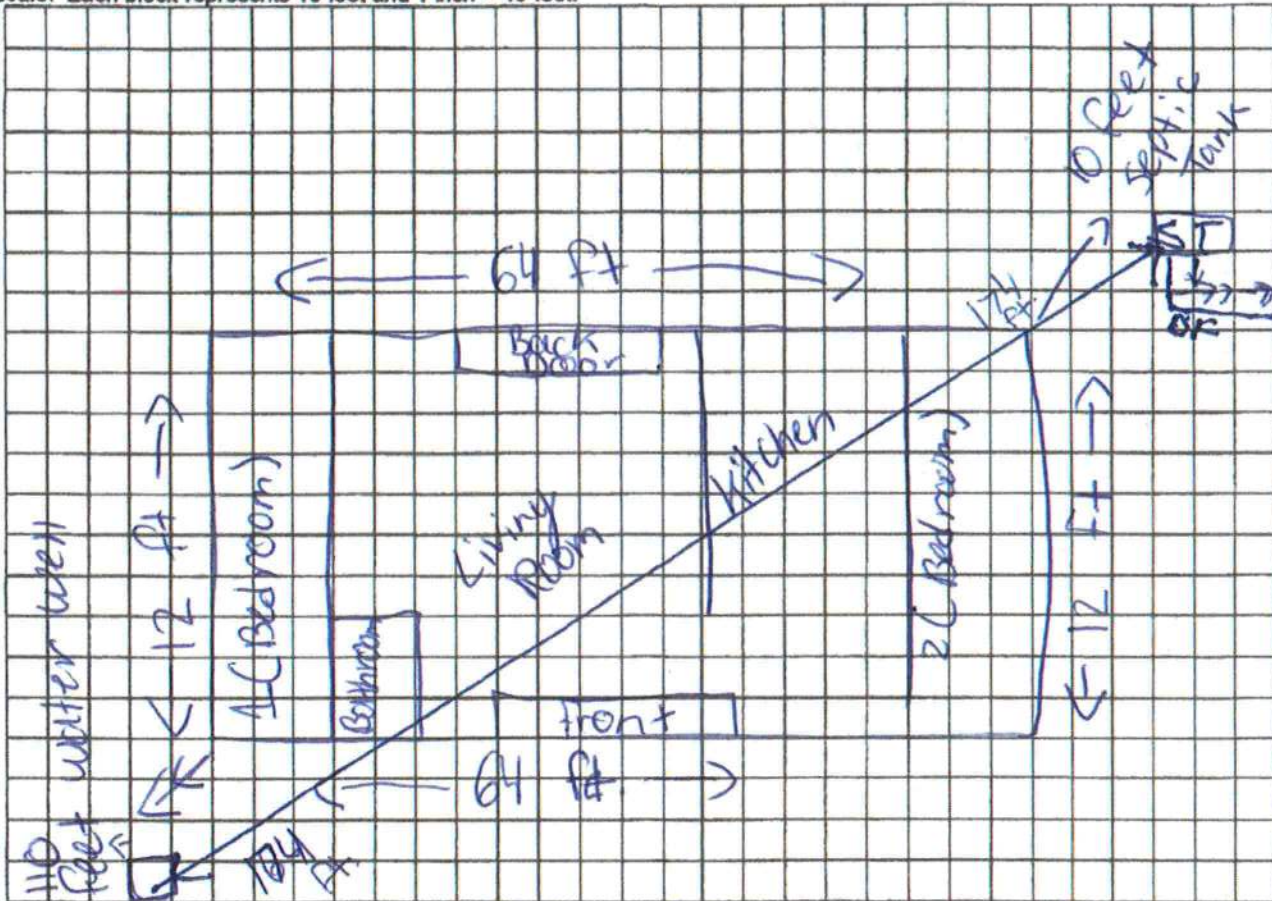
SIGNATURE: Evelyn Alexandre DATE: 28 Mar 23

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0238

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

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



Notes: 1 AC of 4

Site Plan submitted by: Evelyn Alejandre

Plan Approved ☒ Not Approved ☐ Date 4/29/2023
By [Signature] CS2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

OS DS Application for
Construction (New)STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Rotate Left 90°

Rotate Right 90°

Date of Application 12-18-89

Rotate 180°

Authority: Chapter 381, FS
Chapter 10D-6, FAC

Permit Application Number

89-130

Receipt # 000412102.00

PART I - APPLICATION

Default Orientation

Name of Owner
Full Size

Jackie V. Gibbs

Telephone Number

755-2347

Mailing Address of Owner Rt. 14, Box 346 Lake City, Florida 32055

Delete Image

Owner's Agent

PENNIE Tolbert

Builder

Address

Telephone No.

Close Window

Property Street Address Southern Hills Circle

Lot No. 2 Block No. B Subdivision Southern Hills Date Subdivided

NOTE: IF NOT IN A SUBDIVISION ATTACH A METES AND BOUNDS DESCRIPTION

This Application is for: New System ☒ Repair Existing SystemType of
EstablishmentSewage Flow
(Gallons per day)Sewage Flow
Based On

TOTAL FLOW =

Type of
ResidentialNo. Bedrooms
(each dwelling unit)Heated or Cooled Area
(each dwelling unit)No. Dwelling
UnitsSewage Flow
(Gallons per day)

Mobile Home

2 BR

12x60 ft²

1

300

Exact Directions to Property 47 South To Kirby Pitt Rd. 1 BIK left on
Southern Hills Circle go 1 BIK Turn right 3rd Trailer on left.

AUDIT CONTROL NO. 153514

Applicant's Signature

VOID AFTER ONE CALENDAR
YEAR FROM DATE OF ISSUANCEHRS-H Form 4016, Feb 85 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4016-1)

Page 1 of 3

OSTDS Final Approval
Page # 1

STATE OF FLORIDA

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Rotate 90°

ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Rotate Right 90°

Applicant JACKIE V. GIBBSPermit Number 89-630

Rotate 180°

PART II - SYSTEM INSTALLATION INSPECTION AND FINAL INSTALLATION APPROVAL

Default Orientation

Installer

1.5 4:00 AM

Tank Manufacturer

DLF

Full Size

Proper tank legend: Yes ☒ No ☐Tank material PCASTTank level: Yes ☐ No ☐Defunct water tight: Yes ☐ No ☐Tank size: 250 gallons _____ gallons _____ gallonsProper tank outlet device: Yes ☒ No ☐Manhole or marker to grade: Yes ☐ No ☐

Close Window

Drainfield Trench

Absorption Bed

Length

Width

Length

Width

Length _____ feet x _____ feet = _____ ft²76 feet 42 feet

_____ feet _____ feet

Length _____ feet x _____ feet = _____ ft²41 feet 42 feet

_____ feet _____ feet

Proper No. drainlines: Yes ☒ No ☐32 feet _____ feet

_____ feet _____ feet

Proper pipe separation: Yes ☒ No ☐Total = 154 ft²Total = _____ ft²Distribution box level: Yes ☒ No ☐Systems located as permitted: Yes ☒ No ☐Systems including plumbing stub-outs installed at proper elevation: Yes ☒ No ☐Average depth to drainpipe invert from finished grade: 12 inches Maximum depth: 15 inchesAverage depth of drainfield gravel: 12 inches Minimum depth of gravel: 12 inchesProper gravel size: Yes ☒ No ☐ Gravel is suitable quality: Yes ☒ No ☐Backfill or fill material as required: (Quality) Yes ☒ No ☐ (Quantity) Yes ☒ No ☐

Other findings: _____

Inspected by: R.P. LloydDate 3/27/90

PART III - FINAL INSTALLATION APPROVAL

Date 3/27/90Approved by: R.P. LloydCo. Carlin

COUNTY PUBLIC HEALTH UNIT

AN APPROVED INSTALLATION DOES NOT GUARANTEE PERFORMANCE

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

HRS-H Form 4016, Jan 86 (Replaces Feb 85 edition which may be used)
(Stock Number: 5744-002-4016-4)

Page 2 of 2

OSTDS Application for
Construction (New)

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

Authority: Chapter 381, FS
 Chapter 10D-6, FAC

Rotate Left 90°

Rotate Right 90°

Date of Application 1-26-87
 Permit Application Number 87-0284
 Receipt # 36836470.00

Rotate 180°

Default Orientation

PART I - APPLICATION

Name of Owner
Full SizeJackie GibbsTelephone Number 752-4339Mailing Address of Owner 1780 S. 1st ST.
184 Palm Circle, Lake City, Fla 32055

Delete Image

Owner's Agent

John DeasBuilder —

Close Window

Agent's Mailing Address 184 Palm CircleTelephone No. —Property Street Address Kirby Pit Road
 Lot No. 2 Block No. B Subdivision Southern Hills Date Subdivided —

NOTE: IF NOT IN A SUBDIVISION ATTACH A METES AND BOUNDS DESCRIPTION

 This Application is for: New System ☒ Repair ☐ Existing System ☐
Type of
EstablishmentSewage Flow
(Gallons per day)Sewage Flow
Based On

TOTAL FLOW =

Type of
ResidentialNo. Bedrooms
(each dwelling unit)Heated or Cooled Area
(each dwelling unit)No. Dwelling
UnitsSewage Flow
(Gallons per day)mobile Home3BR14X65 ft²1450Exact Directions to Property Kirby Pit Rd To Southern Hills Circle Top of HillTurn right 2nd Lot on left.AUDIT CONTROL NO. 88817

Applicant's Signature

John H. Deas
 VOID AFTER ONE CALENDAR
 YEAR FROM DATE OF ISSUANCE

 HRS-H Form 4015, Feb 85 (Obsoletes previous editions which may not be used)
 (Stock Number: 5744-001-4015-1)

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OSTDS Final Approval
Page # 1STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Rotate Left 90°

ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Rotate Right 90°

Applicant Jackie Gibbs
Bobby PattonPermit Number 87-028

Rotate 180°

PART II - SYSTEM INSTALLATION INSPECTION AND FINAL INSTALLATION APPROVAL

Default Orientation

AAA 11:00Tank Manufacturer AAA

Full Size

Proper tank legend: Yes ☒ No ☐Tank material precastTank level: Yes ☒ No ☐

Delete Image

Tanks watertight: Yes ☒ No ☐Tank size: 900 gallons _____ gallons _____ gallonsProper tank outlet device: Yes ☒ No ☐Manhole or marker to grade: Yes ☒ No ☐

Close Window

Drainfield Trench

Absorption Bed

Length	Width
<u>60</u> feet	<u>2</u> feet
<u>52</u> feet	<u>2</u> feet
_____ feet	_____ feet

Length	Width
_____ feet	_____ feet
_____ feet	_____ feet
_____ feet	_____ feet

Length _____ feet x _____ feet = _____ ft²Length _____ feet x _____ feet = _____ ft²Proper No. drainlines: Yes ☐ No ☐Proper pipe separation: Yes ☐ No ☐Total = 225 ft²Total = _____ ft²Distribution box level: Yes ☐ No ☐Systems located as permitted: Yes ☒ No ☐Systems including plumbing stub-outs installed at proper elevation: Yes ☒ No ☐Average depth to drainpipe invert from finished grade: 16 inchesMaximum depth: 20 inchesAverage depth of drainfield gravel: 12 inchesMinimum depth of gravel: 12 inchesProper gravel size: Yes ☒ No ☐Gravel is suitable quality: Yes ☒ No ☐Backfill or fill material as required: (Quality) Yes ☒ No ☐ (Quantity) Yes ☐ No ☐

Other findings: _____

Inspected by: K. McCallDate 2-2-87

PART III - FINAL INSTALLATION APPROVAL

Date 2-3-87Approved by: K. McCallColumbo

COUNTY PUBLIC HEALTH UNIT

AN APPROVED INSTALLATION DOES NOT GUARANTEE PERFORMANCE

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HRS-11 Form 4016, Feb 85 (Obsolesces previous editions which may not be used)
(Track Number: 5744-002-4016-0)

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