



PERMIT NO. 23-1822
DATE PAID: 12/5/20
FEE PAID: 310.00
RECEIPT #: 2025327

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

<input checked="" type="checkbox"/> New System	<input type="checkbox"/> Existing System	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Innovative
<input type="checkbox"/> Repair	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Temporary	<input type="checkbox"/>

APPLICANT: KATHLEEN ANDERSON

EMATT. NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 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: 18 BLOCK: -- SUBDIVISION: SOUTHERN LANDING AVIATION PLATTEN

PROPERTY ID #: 12-4S-16-02941-118 ZONING: _____ I/M OR EQUIVALENT: [Y ☒ N]

PROPERTY SIZE: 0.54 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 126 NW COLONIAL PL, LAKE CITY FL

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
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1 NEW HOME

3

1602

2

3

4

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE :

DATE: 11-2-2023

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

Incorporated 62-6.004, FAC

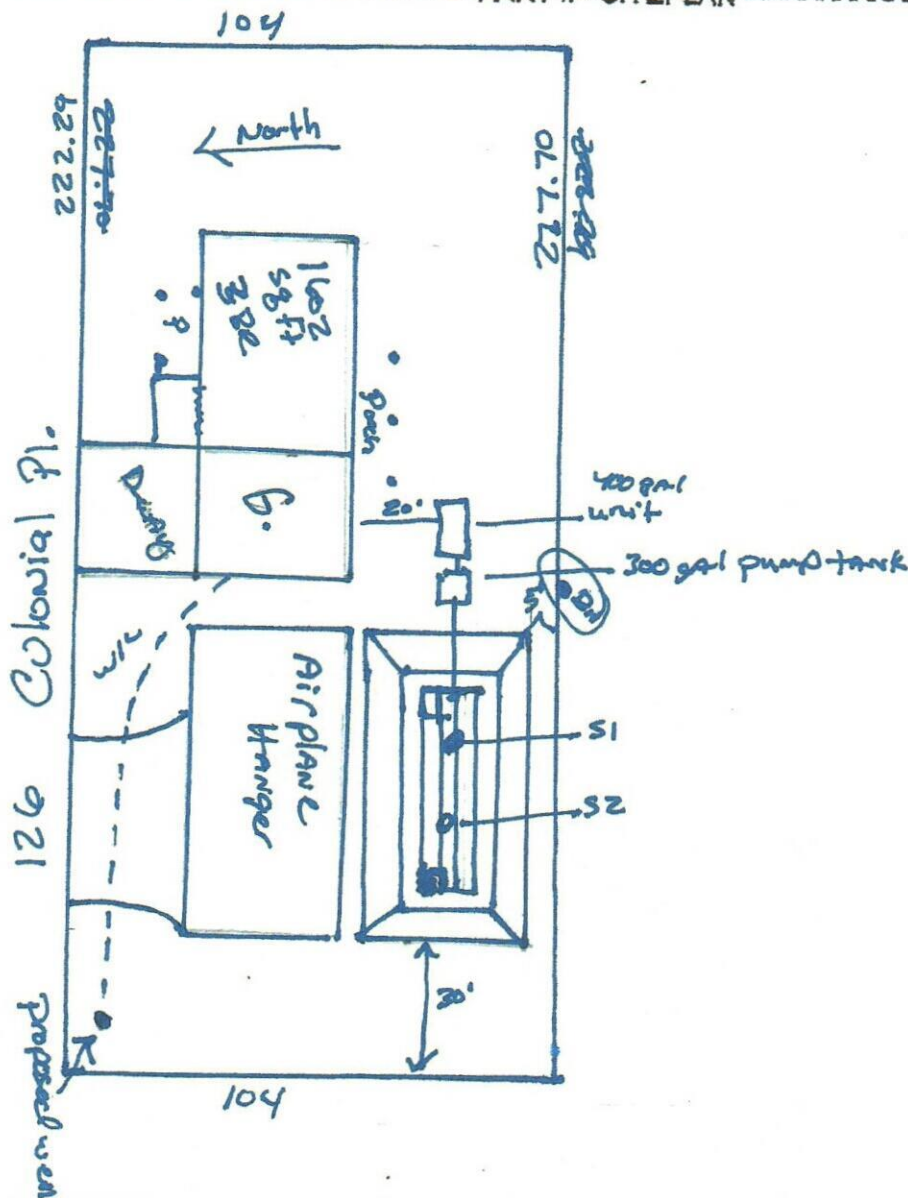
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1"=40'

Permit Application Number 23-0823

PART II - SITEPLAN

Anderson



Site Plan submitted by: Robert Ford 999 Date: 11-2-2023

Plan Approved X Not Approved _____

By: [Signature] MASTER CONTRACTOR Date: 11/10/23
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: **12-SC-2829449**
APPLICATION #: **AP2025329**
DATE PAID: 12/5/23
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: **PR2042917**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: KATHLEEN**23-0823 ANDERSON
PROPERTY ADDRESS: 126 NW COLONIAL Lake City, FL 32055
LOT: 18 BLOCK: _____ SUBDIVISION: Southern Landings
PROPERTY ID #: 02941-118 [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: [] STANDARD [] FILLED [x] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Pine tree east of site

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

E BOTTOM OF DRAINFIELD TO BE [6.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [36.00] INCHES EXCAVATION REQUIRED: [4.00] INCHES

O 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.

T System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also
E required. Maintenance contract with fee also required before final system approval.
R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 02/05/2024 EXPIRATION DATE: 08/05/2025

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