

PERMIT NO. 21-0194
DATE PAID: 2/26/21
FEE PAID: 310.00
RECEIPT #: 11432785

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: Michael Hollingsworth
AGENT: Robert W Ford III NFST, INC
MAILING ADDRESS: 7141 SE State Road 100 Lake City, FL 32025
TELEPHONE: 386-455-6372

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105 (3) (a) 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: 27 BLOCK: U20 SUBDIVISION: Three Rivers Estates PLATTED: _____

PROPERTY ID #: 00-00-00-01256-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.918 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [☐] ≤2000GPD [☐] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ~~N~~] DISTANCE TO SEWER: _____ FT


PROPERTY ADDRESS: 17576 SW Newayk Dr FW FD

PROPERTY ADDRESS: 17156 NW Main Blvd, Newark, NJ 07104

DIRECTIONS TO PROPERTY: TL on NW Main Blvd, slight R, TR on W Right of Way, TL on Wilson Springs Rd, TR on Newark Dr to 1756

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	Hotel	10	1000	
2	Hotel	10	1000	
3	Hotel	10	1000	
4	Hotel	10	1000	
5	Hotel	10	1000	
6	Hotel	10	1000	
7	Hotel	10	1000	
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84	Hotel	10	1000	
85	Hotel	10	1000	
86	Hotel	10	1000	
87	Hotel	10	1000	
88	Hotel	10	1000	
89	Hotel	10	1000	
90	Hotel			

1 ~~in home~~ 2 ~~864~~
2 RV 2 532 include ~~Wagner~~  **REVISED**
3 **3/3/21**
4

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

SIGNATURE: Robert York (11) DATE: 2-24-2021

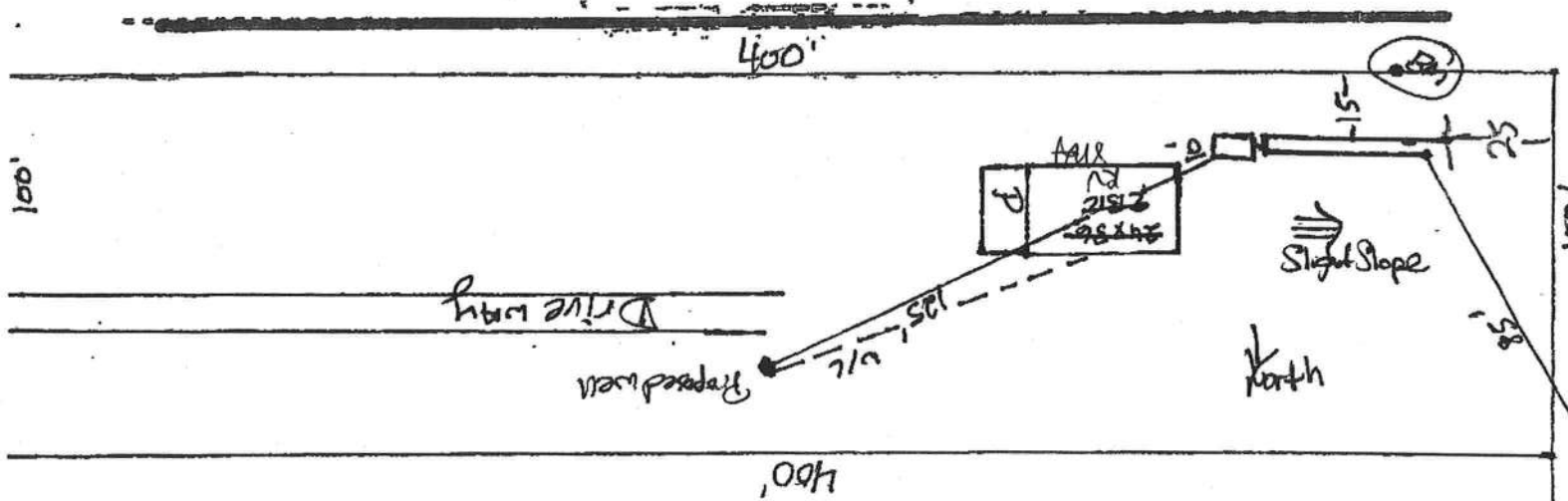
MECUNDA
Sebringblue 40@aol.com

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

1" = 30'

Permit Application Number

21-0194



REVISED
3/31/21

Notes:

the Plan submitted by: Robert W. Ford III, Date 2-24-2021

an Approved

[Signature]

Not Approved

Columbia

Date 3/31/2021

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

EM

PERMIT #: 12-SC-2245658
APPLICATION #: AP1633785
DATE PAID: 2.26.21
FEE PAID: 310.00
RECEIPT #: 1633785
DOCUMENT #: PR1518002

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: MICHAEL**21-0194 HOLLINGSWORTH

PROPERTY ADDRESS: 1756 NEWARK Fort White, FL 32038

LOT: 27 BLOCK: SUBDIVISION: 3 Rivers Est U-20

PROPERTY ID #: 01256-000 [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 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 [250] SQUARE FEET 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 6" corner post SW of site

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

E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

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

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.
T
H
E
R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

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

DATE ISSUED: 03/31/2021 EXPIRATION DATE: 09/02/2022

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

Incorporated: 64E-6.003, FAC