550 249 305 952

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

PERMIT NO. 23-1X637
DATE PAID: 7/4/23
FEE PAID: 425.00
RECEIPT #: 1987668

APPLICATION FOR:
[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: BRUCE SUMMERS

AGENT: ROBIN EARNEST - infinityrenovators.llc@gmail.com TELEPHONE: 352-572-0466

MAILING ADDRESS: 4215 SE 110th Street, Belleview, FL 34420

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: 8 BLOCK: D SUBDIVISION: Troy Pines Addition PLATTED: Y

PROPERTY ID #: 10-4S-16-02897-008 ZONING: _____ I/M OR EQUIVALENT: [ No ]

PROPERTY SIZE: 0.93 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ No ] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 265 SW Sunset Way, Lake City, FL

DIRECTIONS TO PROPERTY: RIGHT ONTO NE HERNANDO AVE; LEFT ONTO NE MADISON ST; LEFT ONTO N MARION AVE; RIGHT ONTO W DUVAL ST; LEFT ONTO SW BRANFORD RD; RIGHT ONTO SW PRAIRIE ST; RIGHT ONTO SW SUNSET WAY, SITE ON RIGHT

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 | 4 | 1749 | SFR |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

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

SIGNATURE: Robin Earnest DATE: 08/01/2023

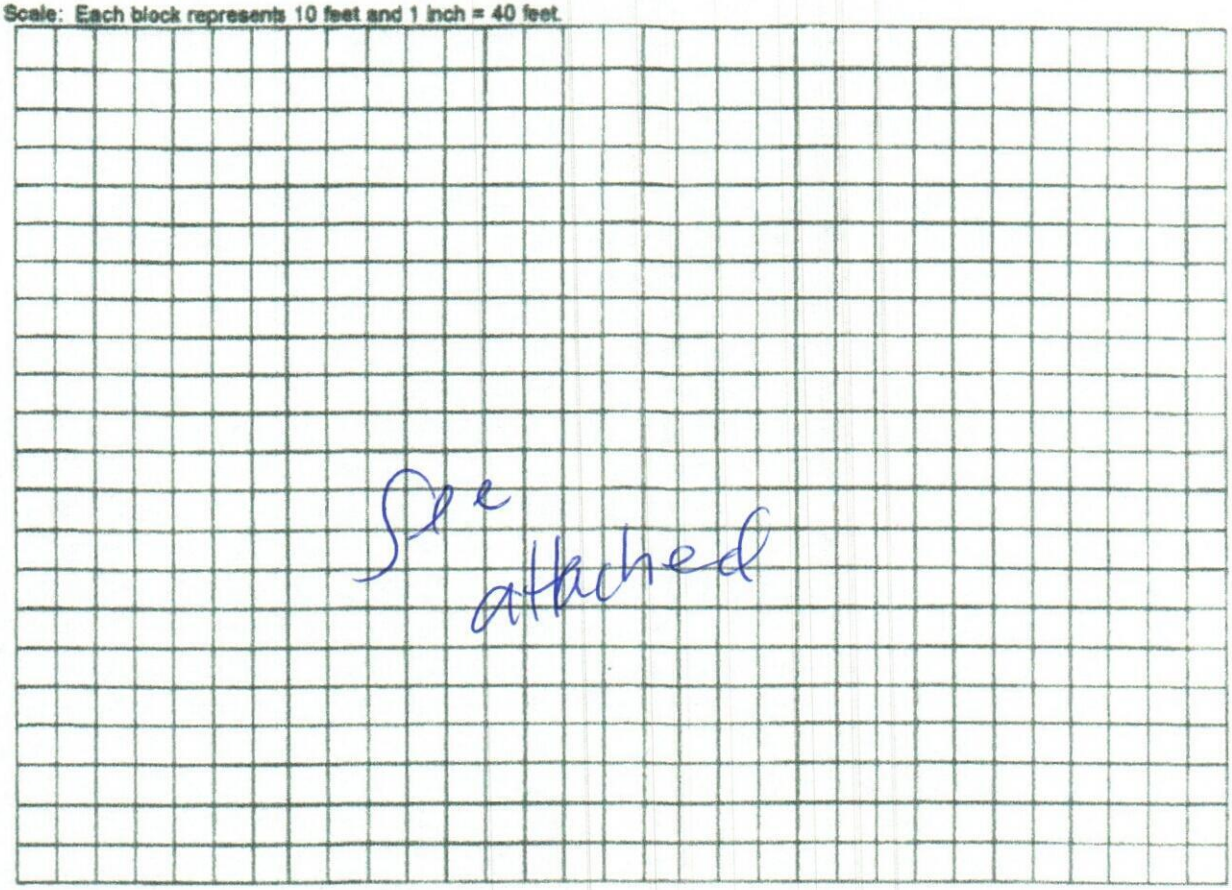
DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0637

PART II - SITEPLAN

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




Notes: _____

Site Plan submitted by: _____

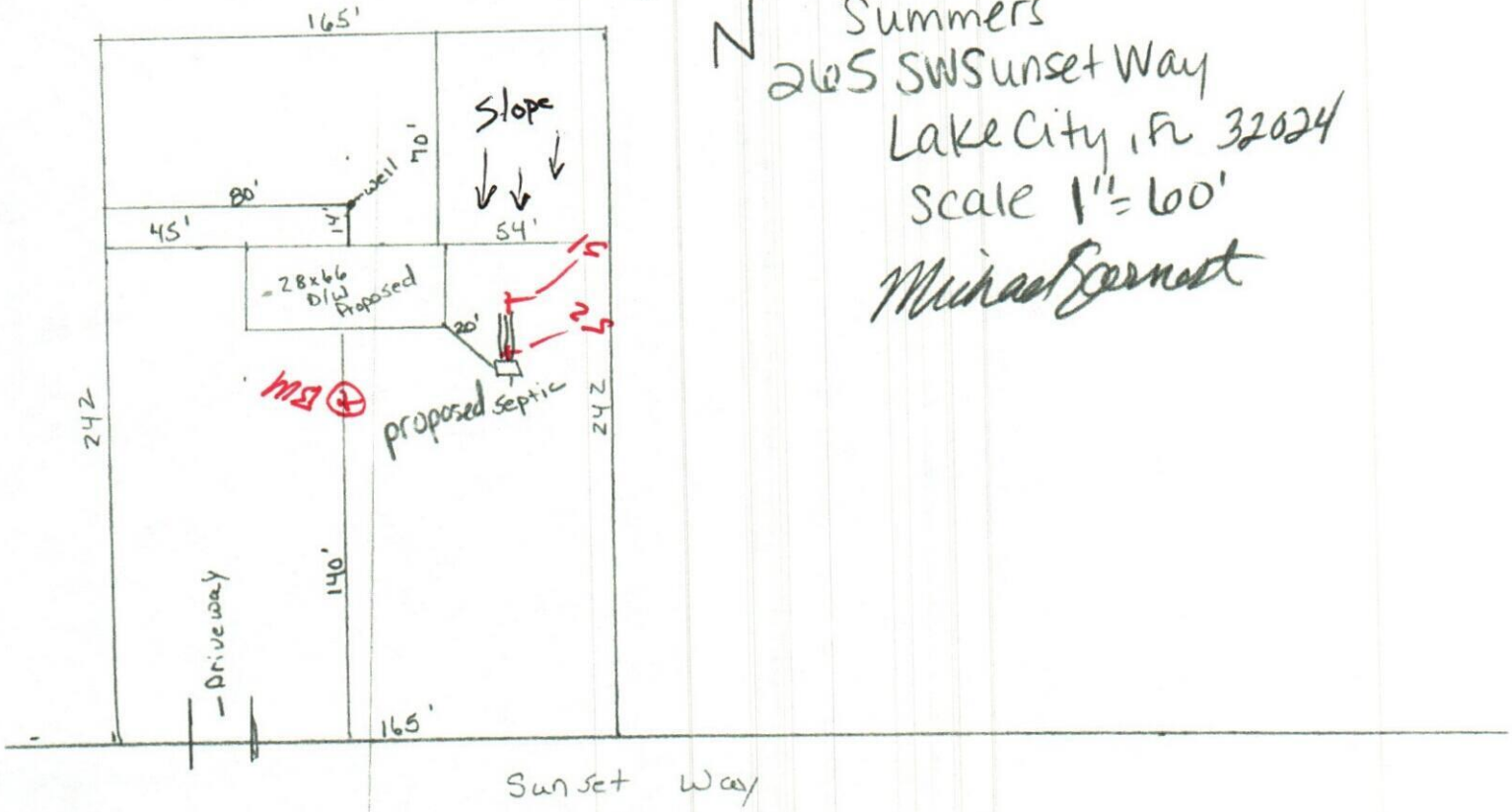
Plan Approved _____ Not Approved _____ Date 9-19-23

By Sallie Ford EH Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004,F.A.C.

23-0437


N
10-4S-16-02897-008
Summers
265 SW Sunset Way
Lake City, FL 32024
Scale 1" = 60'
Michael Gornet
165'
Slope
70'
well
80'
45'
54'
28x66 D/W Proposed
20'
15
25
BM
proposed septic
242
242
140'
Driveway
165'
Sunset Way

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

PERMIT #: 12-SC-2771714
APPLICATION #: AP1987668
DATE PAID: 9/6/23
FEE PAID: 425.00
RECEIPT #:
DOCUMENT #: PR1999371

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: BRUCE**23-0637 SUMMERS

PROPERTY ADDRESS: 265 SW SUNSET Lake City, FL 32024

LOT: 8 BLOCK: D SUBDIVISION: Troy Pine Add

PROPERTY ID #: 02897-008 [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 [ 500 ] GALLONS / GPD Aerobic Unit Treatment 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: [ ] STANDARD [x] FILLED [ ] MOUND [ ]
I CONFIGURATION: [x] TRENCH [ ] BED [ ]
N
F LOCATION OF BENCHMARK: Nail in oak by driveway w/ green tape.
I ELEVATION OF PROPOSED SYSTEM SITE [ 45.00 ][ INCHES / FT ][ ABOVE / BELOW ]BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [ 49.00 ][ INCHES / FT ][ ABOVE / BELOW ]BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [ 14.00] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

O T H E R

The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.
***System will be 50% minimum 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/fee also required.
-Operating permit fee and application / 2yr singed maintenance entity contract agreement w/ owner required prior to final approval.

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 09/19/2023 EXPIRATION DATE: 03/19/2025

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Incorporated 62-6.004, FAC



v 1.1.4 AP1987668 SE1907992