

SSO146 103597

CR # 10-8103



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

PERMIT NO. 21-0349
DATE PAID: 4/9/21
FEE PAID: 425.00
RECEIPT #: 1429484

APPLICATION FOR:

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

APPLICANT: SAM SHADE

AGENT: CORBITTS MOBILE HOMES

TELEPHONE: (386) 288-6572

MAILING ADDRESS: 1126 EAST HOWARD ST.

LIVE OAK

FL 32064

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: 4 BLOCK: N/A SUBDIVISION: GREEN OAKS PLATTED: _____

PROPERTY ID #: 33-3S-17-06349-104 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

* PROPERTY SIZE: .787 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 212 GRANGER MILL AVE, LAKE CITY

DIRECTIONS TO PROPERTY: 90 EAST TURN LEFT ON OLD JACKSONVILLE HWY. TURN LEFT ON GRANGER MILL AVE. SITE ON LEFT.

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	<u>MOBILE HOME</u>	<u>2</u>	<u>694</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Wainwright

DATE: 4/6/21

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



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

PERMIT #: **12-SC-2310394**
APPLICATION #: **AP1679484**
DATE PAID: **6/19/21**
FEE PAID: **47502**
RECEIPT #:
DOCUMENT #: **PR1581709**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: SAM**21-0349 SHADE
PROPERTY ADDRESS: 212 GRANGER MILL Lake City, FL 32055
LOT: 4 BLOCK: SUBDIVISION: Green Oak
PROPERTY ID #: 06319104 [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 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 [188] 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 edge of road E. of site
I ELEVATION OF PROPOSED SYSTEM SITE [9.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [21.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

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. Nitrogen-reducing system installed to comply with current or future spring BMAP requirements.
***System will be 50% 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 also required prior to final inspection approval.

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II
APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 06/18/2021 EXPIRATION DATE: 12/18/2022
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

SF

NE GRANGER MILL AVE

3/3'

70'

44'

Drivc

14 x 56

81'

7802

will

under
water

241'

177'

85.36

75.57

91.22

S1
S2
8'11" 8'
6'11" 6'

clearways

21-0349

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0349

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

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

See
Attached

Notes: _____

Site Plan submitted by: Wamuriga

TITLE _____

DATE: 6/7/21

Plan Approved 

Not Approved _____

Date 6/17/21

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT