



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

PERMIT #: 12-SC-2245608  
APPLICATION #: AP1633750  
DATE PAID: 2/26/2021  
FEE PAID: 3/0  
RECEIPT #: 12-P10 4894769  
DOCUMENT #: PR1517996

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: ARTEELIA\*\*21-0191 BRASHER  
PROPERTY ADDRESS: 360 COLVIN Lake City, FL 32055  
LOT: 30 BLOCK: \_\_\_\_\_ SUBDIVISION: Five Points Acres  
PROPERTY ID #: 04967-049 [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 New 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 [ 375 ] SQUARE FEET New SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]  
N  
F LOCATION OF BENCHMARK: Nail in 4" post S of site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 10.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 32.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

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.  
Existing tank and drainfield will be properly abandoned at time of new install.

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor  
APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD  
DATE ISSUED: 03/02/2021 EXPIRATION DATE: 09/02/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO: 21-0191  
DATE PAID: 2/24/21  
FEE PAID: 310.00  
RECEIPT #: 71e33753

APPLICATION FOR:

- New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary

APPLICANT: Arteelia + Samantha Brasher (Ironwood)

AGENT: Robert W Ford III NFST, INC    TELEPHONE: 386-455-6372

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

LOT: 30    BLOCK: -    SUBDIVISION: Five Points Acres    PLATTED: 1972

PROPERTY ID #: 17-35-17-049(67-049)    ZONING: MH    I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 1.03 ACRES    WATER SUPPLY:  PRIVATE    PUBLIC      ≤2000GPD     >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS?  Y /  N    DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 360 NE Colvin Ave, Lake City FL 32055

DIRECTIONS TO PROPERTY: TR at the 1st cross st NE Cathoun Ave, TR on Washington St, TR on 44th W, TR on Tammy Ln, TR on NE Colvin Ave to 360 on (R)

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>mhome</u>	<u>3</u>	<u>1941</u>	
2				
3				
4				

Floor/Equipment Drains     Other (Specify) \_\_\_\_\_

SIGNATURE: Robert Ford (W)    DATE: 2-23-2021



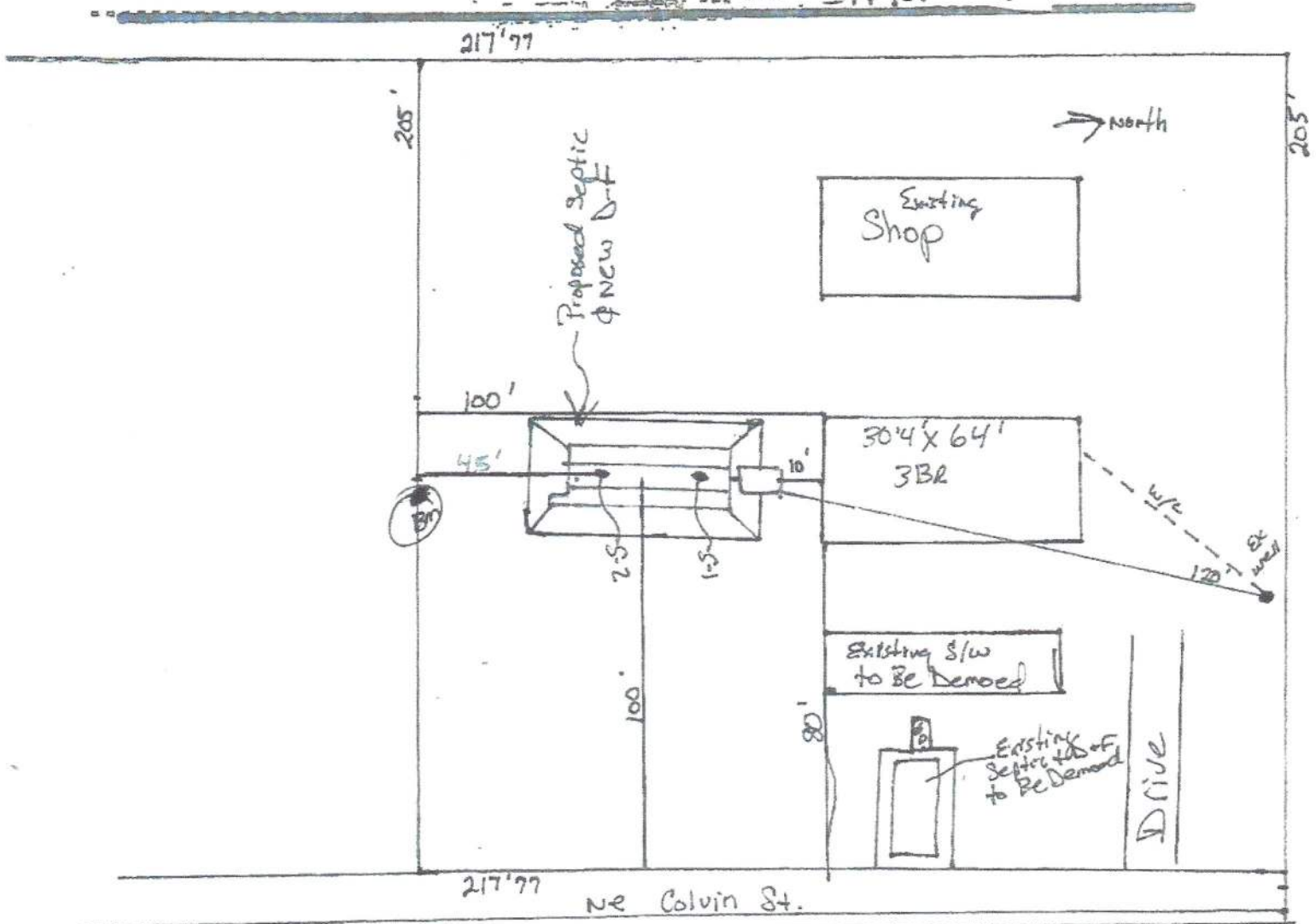
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

1" = 40'

Permit Application Number

21-0191

Brasher



CC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan submitted by: Robert W. Ford, III Date 2-23-2021

Not Approved \_\_\_\_\_ Date 3/2/2021

*Kuh By*

*Colusia*

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT