

SIGNATURE:

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

PERMIT NO	20-0995
DATE PAID:	المالة المالة
FEE PAID: RECEIPT #:	30.00
	1000003

	APPLIC	ATION FOR CONST	RUCTION P	ERM	IT		" toolela
[六]		[] Existing Sys]	Holding Tank Temporary	[]	Innovative
APPL	CANT: JAME	S & DEBRA FO	DRCE				and the second second
AGEN'	Ronald Ford	- Ford's Septic			TEI	EPHONE	:386-755-6288
MAIL	ing address: 116	NW Lawtey Wa					
TO BE BY A APPLI PLATI	PERSON LICENSED (CANT'S RESPONSIB: TED (MM/DD/YY) IF	PLICANT OR APPLICA PURSUANT TO 489.10 ILITY TO PROVIDE D REQUESTING CONSID	5(3)(m) OR OCUMENTATIO ERATION OF	489 N OI	552, FLORIDA	STATUTE	ES. IT IS THE
	ERTY INFORMATION				**********		
LOT:	N/A BLOCK: N	I/A SUBDIVISION	MEETS	8	BOUNDS		PLATTED:
PROPE	ERTY ID #: 19-6S	-16-03867-001	ZONIN	3: _	I/M OF	R EQUIV	ALENT: [Y/
PROPE	ERTY SIZE: 10.00	ACRES WATER SUPP	LY: [PR	IVA	PE PUBLIC []<=2000	OGPD []>2000GPD
		PER 381.0065, FS?					
DIREC	TIONS TO PROPERTY	" 47 Sou-	tn to	F	ort Whit	e.	Turn (R)
		1. Turn (F					
		Cain Git					on left.
BUILD	ING INFORMATION	[X] RESI	DENTIAL		[] COMMERCIA	AL	
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Con	mercial/Institute 1, Chapter	tutiona 64E-6,	al System Design FAC
1	SFR	2	1500				
2							
3							
4	Branch Mark						
[]	Floor/Equipment	Drains [] Oth	ner (Specify	7)	ha Manada sanan sanan		Maria Ma

DATE: 12-9-2020



STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM PERMIT #: 12-SC-2212724

APPLICATION #: AP1606803

DATE PAID: 3/0

FEE PAID: 3/0

DOCUMENT #: PR1493702

APPLICANT: JAMES**20-0995 FORCE	
PROPERTY ADDRESS: 301 SW CAIN Fort White,	FL 32038
LOT: BLOCK:	SUBDIVISION:
PROPERTY ID #: 03867-001	[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]
381.0065, F.S., AND CHAPTER 64E-6, F.S. SATISFACTORY PERFORMANCE FOR ANY SPECIAL WHICH SERVED AS A BASIS FOR ISSUANCE PERMIT APPLICATION. SUCH MODIFICATIONS	OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID EMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL
SYSTEM DESIGN AND SPECIFICATIONS	
T [900] GALLONS / GPDSept	ic Tank CAPACITY
A [] GALLONS / GPD	N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAP	ACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY	[]GALLONS &[]DOSES PER 24 HRS #Pumps []
D [375] SQUARE FEET	
R [] SQUARE FEET N/A	
A TIPE SISTEM: [X] STANDARD [] FI	LLLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED	
F LOCATION OF BENCHMARK: Nail in tree N. of site.	
The second section of the contract of the cont	
	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 ,	
FILL REQUIRED: [0.00] INCHES E	
The system is sized for 2 bedrooms with a maximum	occupancy of 4 persons (2 per bedroom), for a total estimated flow of
Suu gpa.	
T	,
H	
E	
R	A Life and the company of the compan
SPECIFICATIONS BY: Ronald Ford	TITLE: M. (cm)
APPROVED BY:	TLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 12/14/2020	EXPIRATION DATE: 06/14/2022
OH 4016, 08/09 (Obsoletes all previous editi	and video of personal
Incorporated: 64E-6.003, FAC	Page 1 of 3
The state of the s	rade 1 of 2

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

-					
4					
	1	I	Vo	r	th
100					

Permit Application Number_

20-0995

entire parcel not drawn to scale)

ENTIRE PARCEL IS 10.00 ACRES
337.46

one
acre
.h9.9ee1

SW cain Glen --

*scale: one inch = 50 feet

ONE ACRE OF 10.00 ACRES

1-10' to one acre. 50' to property Line

125' to property Line

BM

Home
30 x 50

Well

Water Line

Notes:

* PARCEL ID	#: 19-45-	-16-0386	7-001	
* ADDRESS:	301 SM	-16-0386 Leain G	ilen	- Andrew Advances and Angree Week
	Fort W	Ihite, Flo	rida 32	9038
Site Plan submitted by:	PC-50			ic Tank Service, LLC.
Plan Approved		Not Approved		Date 12/14/20
Ву	-	Es.	hurbra	County Health Department
7				

910'

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT