



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

PERMIT #: 12-SC-2948029
APPLICATION #: AP2112427
DATE PAID: 7/15/24
FEE PAID: 425.00
RECEIPT #: PR2127601
DOCUMENT #: PR2127601

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JOSHUA**24-0560 Chase
PROPERTY ADDRESS: 561 SE FAMILY RD Lake City, FL 32025
LOT: BLOCK: SUBDIVISION:
PROPERTY ID #: 09221-001
[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 1 1050] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A 1] GALLONS / GPD N/A CAPACITY
N 1] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K 1] GALLONS DOSING TANK CAPACITY [] GALLONS 2] DOSES PER 24 HRS #Pumps []

D 1 500] SQUARE FEET Drainfield SYSTEM
R 1] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail with orange ribbon in corner of pole barn
I ELEVATION OF PROPOSED SYSTEM SITE [17.00] [INCHES] [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [11.00] [INCHES] [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [24.00] INCHES EXCAVATION REQUIRED: [14.00] INCHES
O 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.
H NOTE** Total fill needed around 38 inches after existing SCL fill is excavated and replaced

R E H T O D I E I F N A R D K N A T
SPECIFICATIONS BY: (Joshua) Kamaron Keen
APPROVED BY: Sean P. Havens
DATE ISSUED: 07/31/2024
TITLE: Environmental Specialist I
Columbia CHD
EXPIRATION DATE: 01/31/2026

incorporated 62-6.004, FAC
DEP 4015, 06-21-2022 (obsoletes previous editions which may not be used)

550 18423888

Gota Code
(3241)

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)



APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
☒ New System
☐ Repair

☐ Existing System
☐ Abandonment

☐ Holding Tank
☐ Temporary
☐ Innovative

APPLICANT: Joshua Chase
AGENT: Oda Price

MAILING ADDRESS: 3300 15th Place Lake City FL 37024

TELEPHONE: 386 423-4298

EMAIL: willapocenter@prose.com

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: N/A BLOCK: N/A SUBDIVISION: N/A

PROPERTY ID #: 13-55-17-0921-001

ZONING: AG-3

I/M OR EQUIVALENT: [] Y / [] N []

PROPERTY SIZE: 18.4

ACRES

IS SEWER AVAILABLE AS PER 381.0065, FS? [] Y [] N []

DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 5105 Family Rd Lake City FL 32075

DIRECTIONS TO PROPERTY: Head NE towards Hwy 40 towards NE Hernandez Ave @ 1st (pass st sign) @ on 100 @ STE 245 @ State Hwy 240 destination on left

BUILDING INFORMATION

[X] RESIDENTIAL

[] COMMERCIAL

Unit No. of Establishment

1 Install DU/MH

No. of Bedrooms 4

Building Area Sqft 1830

proposed MH

Commercial/Institutional System Design Table I, Chapter 62-6, FAC

[X] Flood/Equipment Drains [] Other (Specify)

DATE: 7/4/24

DEP 4015, 06-21-2022 (obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC

13-2064

DATE:

OBSERVED WATER TABLE: N/A INCHES
 ESTIMATED WET SEASON WATER TABLE ELEVATION: 1/8 INCHES [ABOVE/BLOW]
 HIGH WATER TABLE VEGETATION: [] YES [] NO
 SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: ± 5 (S) INCHES
 DRAINFIELD CONFIGURATION: [] TRENCH [] BED
 REMARKS/ADDITIONAL CRITERIA: $\pm 1/4$ of fill to 1/4' of fill
 DEPTH OF EXCAVATION: 1/4 INCHES
 TYPE: [] EXISTING GRADE. TYPE: [] PERCHED/APPERT [] EXISTING GRADE [] ABOVE/BLOW]
 MOTTLING: [] YES [] NO DEPTH: 1/8 INCHES
 [] OTHER (SPECIFY) :
 INCHES

MUNSELL #/COLOR		TEXTURE		DEPTH	
10 YR	2/1	F.L.-F.S./CL	0 TO 1/4	17 B	
10 YR	4/1		1/4 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
10 YR	7/1		1/2 TO 5/4		
10 YR	6/6		5/4 TO 7/2		
10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
10 YR	7/1		1/2 TO 5/4		
10 YR	6/6		5/4 TO 7/2		
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10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
10 YR	7/1		1/2 TO 5/4		
10 YR	6/6		5/4 TO 7/2		
10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
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10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
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10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
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10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
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10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
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10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
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10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
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10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
10 YR	7/1		1/2 TO 5/4		
10 YR	6/6		5/4 TO 7/2		
10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
10 YR	7/1		1/2 TO 5/4		
10 YR	6/6		5/4 TO 7/2		
10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
10 YR	7/1		1/2 TO 5/4		
10 YR	6/6		5/4 TO 7/2		
10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
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10 YR	6/6		5/4 TO 7/2		
10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
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10 YR	6/6		5/4 TO 7/2		
10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
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10 YR	6/1		10/30 TO 1/8		
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10 YR	5/1		1/8 TO 3/8		
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10 YR	6/6		5/4 TO 7/2		
10 YR	5/1		7/2 TO 10/30		
10 YR	6/1		10/30 TO 1/8		
10 YR	5/1		1/8 TO 3/8		
10 YR	6/3		3/8 TO 1/2		
10 YR	7/1		1/2 TO 5/4		
10 YR	6/				

NONSELF #/COLOR		TEXTURE		DEPTH	
10 YR	7/1	F-1/1- F5/SC	0 TO 1/2		
10 YR	4/1	F-5	1/2 TO 1/8		
10 YR	5/1	F-5	1/8 TO 3/0		
10 YR	6/3	F-5	3/0 TO 4/2		
10 YR	2/1	F-5	4/2 TO 5/4		
10 YR	6/6	SC	5/4 TO 7/2		
CMN/DST R					
10 YR 6/4		F-5	1/8 TO 3/0		
USDA SOIL SERIES:		Mapped Sapelo			

SITE SUBJECT TO FREQUENT FLOODING: [] YES [X] NO
 YEAR FLOOD ELEVATION FOR SITE: _____
 FT MSL/NGVD
 10 YEAR FLOODING: [] YES [X] NO
 SITE ELEVATION: _____
 FT MSL/NGVD
 ADJACENT WATER BODIES: [] YES [X] NO
 FT _____

WELLS: PUBLIC:	N/A	FT
BUILDING FOUNDATIONS:	15'	FT
LIMITED USE:	N/A	FT
DITCHES/SWATES:	N/A	FT
NORMALLY WELLS:	[] YES [X] NO	FT
POTABLE WATER LINES:	N/A	FT
PROPERTY LINES:	200	FT
SITE SUBJECT TO FREQUENT FLOODING:	[] YES [X] NO	FT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES

FEATURES	DITCHES/SWALES	N/A
WELLS: PUBLIC	N/A	AT
SURFACE WATER	100	AT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM SITE IS

INCHES	ABOVE/BELW	BENCHMARK/REFERENCE POINT
17	Orange 11650 in corner of pole	

UNOBSTRUCTED AREA AVAILABLE: 3000 GALLONS PER DAY [500 GPD/ACR] UNOBSTRUCTED AREA REQUIRED: 750

PROPERTY SIZE CONFORMS TO SITE PLAN: ☒ YES ☐ NO NET USABLE AREA AVAILABLE: 1 [RESIDENCES-TABLE 1] ACRES

UNOBSTRUCTED AREA AVAILABLE:	<u>400</u>	GALLONS PER DAY
AUTHORIZED SEWAGE FLOW:	<u>1500</u>	GALLONS PER DAY
TOTAL ESTIMATED SEWAGE FLOW:	<u>3000</u>	GALLONS PER DAY

USE OF SUBMITTAL. COMPLETE ALL ITEMS.

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS
MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS
PROPERTY SIZE CONFORMS TO STATE DRAWING

PROPERTY ID #: 09221-001

SUBDIVISION: _____

Section/Township/Parcel No. or Tax ID Number _____

TO BE COMPLETED BY ENGINEER

APPLICANT: Teshua Chase
 LOT: _____ BLOCK: _____ SUBDIVISION: _____
 AGENT: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND
SITE EVALUATION AND SYSTEM
SPECIFICATIONS



PERMIT #.

0950-42

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

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

By _____
Plan Approved _____
Site Plan submitted by: _____
Not Approved _____
Date 7/31/24 _____
County Health Department _____
Notes: _____

SEE ATTACHED
SITE PLAN

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

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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

24-0560

Permitting Services
Food:
Home is bigger



www.hittitevery.com **LAKE CITY, FLORIDA, 32025**
 TEL/PHONE (386) 752-7167 FAX (386) 752-5972 **WORK ORDER # L-28793**

