

SSOCOF #: _____ done by Ford's Septic on : _____ - 2020



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

PERMIT NO. 21-0578
DATE PAID: 6/28/21
FEE PAID: 310.00
RECEIPT #: 1484134

APPLICATION FOR:

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

APPLICANT: Rebecca Deskins

AGENT: Ronald Ford - Ford's Septic

TELEPHONE: 386-755-6288

MAILING ADDRESS: 116 NW Lawley Way Lake City, Florida 32055

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: 13-15 BLOCK: _____ SUBDIVISION: Cason's Tract (unrec) PLATTED: _____

PROPERTY ID #: 05-45-16-02773-011 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 2.58 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 480 SW Vista Terrace Lake city, FL 32024

DIRECTIONS TO PROPERTY: Hwy 90 West. Turn (R) on Magical Terrace. Turn (L) on Shady Lane. Turn (R) on Vista Terrace. Home # 480 on (L)

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>3</u>	<u>1760</u>	HEATED / COOLED SQUARE FEET TOTAL SQUARE FEET)
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: RC Ford Ronald Ford

DATE: 6-28-2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT



North

*scale: one inch = _____ feet

Permit Application Number 21-0523

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

See
attached.

Notes:

* PARCEL ID #: 05-45-16-02773-011

* ADDRESS: 480 SW Vista Terrace
Lake City, Florida 32024

Site Plan submitted by: RC Sef - Ronald Ford Ford's Septic Tank Service, LLC.

Plan Approved _____ Not Approved _____ Date 6/30/2021

By Kell Rapp Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

OCC. Well 775'

282.55'

21-0575

1"=60'

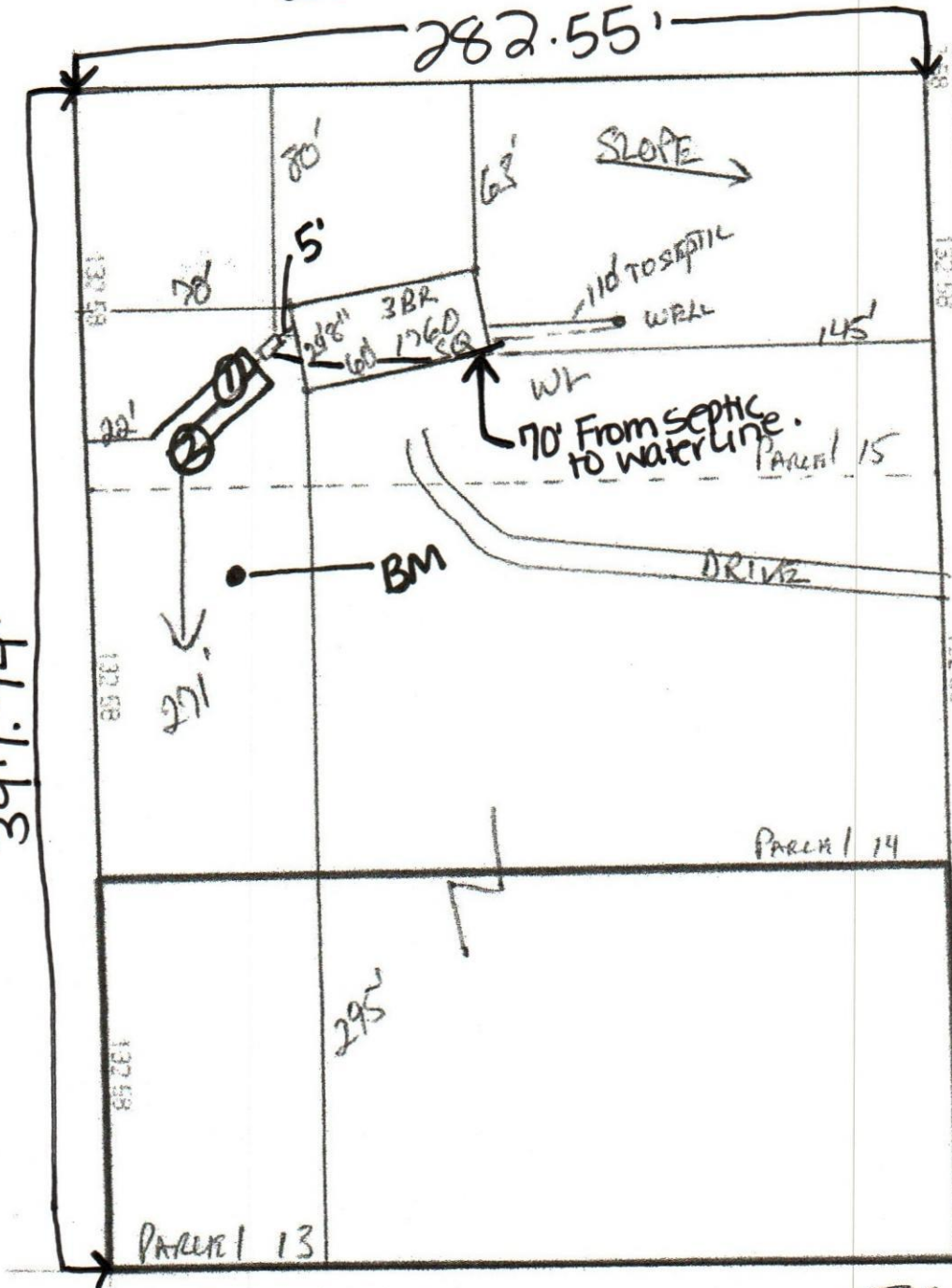
ALL IMPROVEMENTS
ON PARCEL 15

North ↑

SW VISTA Ter

SW RIDDLE Ln

397.74'



NEED ATTACHED

0 40 80 120 160 200 240 280 320 360 400 ft

OCC. Well 775'

6/10/21



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

PERMIT #: 12-SC-2316960
APPLICATION #: AP1684134
DATE PAID: 6/29/2021
FEE PAID: 310
RECEIPT #: 12-PIP-5065777
DOCUMENT #: PR1584065

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: REBECCA**21-0575 DESKINS

PROPERTY ADDRESS: 480 SW VISTA Lake City, FL 32024

LOT: 13-15 BLOCK: SUBDIVISION:

PROPERTY ID #: 02773-011

[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 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 in tree S of septic system

I ELEVATION OF PROPOSED SYSTEM SITE [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
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O 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.

SPECIFICATIONS BY: Ronald Ford

TITLE: Septic Contractor

APPROVED BY:

Kelli C Rogers
Kelli C Rogers

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 06/30/2021

EXPIRATION DATE: 12/30/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

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