



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

PERMIT #: 12-SC-1859725  
APPLICATION #: AP1353023  
DATE PAID: 7-8-19  
FEE PAID: 100.00  
RECEIPT #:  
DOCUMENT #: PR1245755

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: Cody\*\*18-0601 Barrs

PROPERTY ADDRESS: 239 SW Fieldstone Ct Lake City, FL 32024

LOT: 49 BLOCK: Ph 2 SUBDIVISION: EMERALD COVE PH-2

PROPERTY ID #: 02438-149

[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 Septic Tank 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 [ 462 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [ ] STANDARD [x] FILLED [ ] MOUND [ ]

I CONFIGURATION: [x] TRENCH [ ] BED [ ]

N

F LOCATION OF BENCHMARK: Nail in oak S. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [ 20.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 30.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 8.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] 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.

T

H System may require a dosing system.

E

R

SPECIFICATIONS BY: Rocky D Ford

TITLE: [Signature]

APPROVED BY: [Signature]

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 07/25/2019

EXPIRATION DATE: 01/25/2021

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

Incorporated: 64E-6.003, FAC

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

PERMIT NO. 18-0601DATE PAID: 7/18/19FEE PAID: 10000RECEIPT #: 2/18 Review

## APPLICATION FOR:

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

APPLICANT: Cody BarrsAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) 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: 49 BLOCK: Ph 2 SUB: Emerald Cove PLATTED: \_\_\_\_\_PROPERTY ID #: 33-39-16-02438-149 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☒ NPROPERTY SIZE: .50 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 100 FTPROPERTY ADDRESS: 239 SW Fieldstone Ct

DIRECTIONS TO PROPERTY: W. on NE Franklin St, TL onto NW main Blvd, TR onto US-90 W, cont. straight onto US-90 W, TL onto SW Heathridge Dr, TR onto SW Fieldstone Ct.

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	SF Residential	3	1820	
2				
3				

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

SIGNATURE: Randy D 7 DATE: 7-15-19

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

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received  
7/18/19



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION

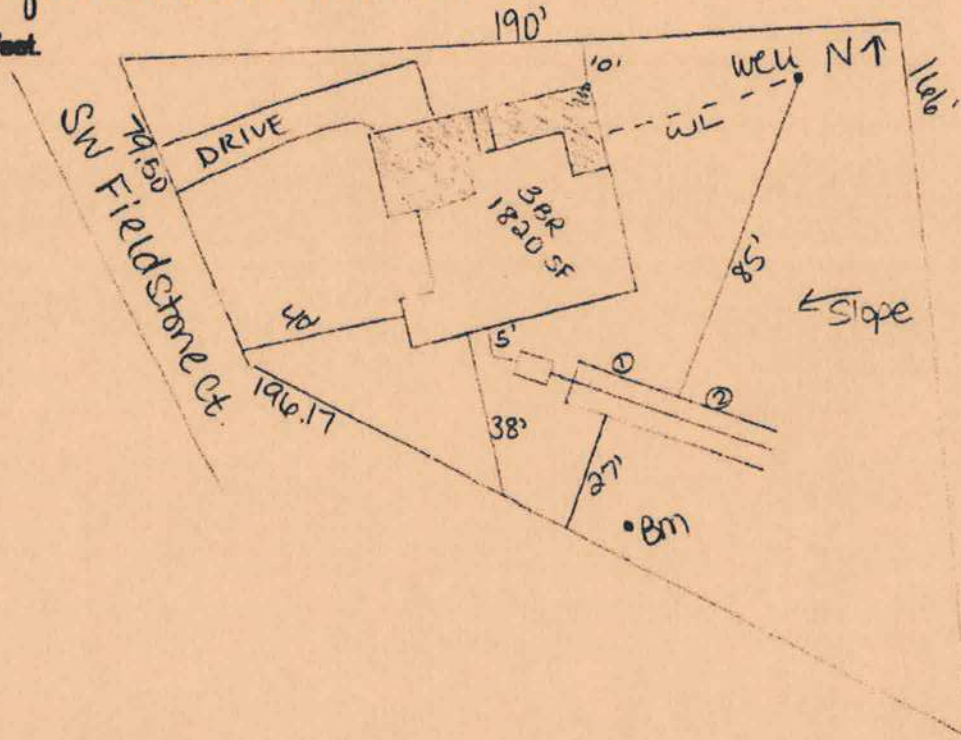
Permit Application Number

18-06001

Cody Barrs

PART II - SITE PLAN

Scale: 1 inch = 40 feet.



Notes:

Site Plan submitted by:

*Roddy D7*

Plan Approved

*X*

Not Approve:

7-15-19

By

*Es H Columbia*

7/19/19

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/08 (Obsoletes previous editions which may not be used) HCS 10-12 | 04/08-03/11  
(Block Number: 6744-003-4015-0)

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7/18/19