



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

PERMIT NO. 21-0802  
DATE PAID: 10/5/21  
FEE PAID: 318.38  
RECEIPT #: 1734873

APPLICATION FOR:

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

APPLICANT: DELTA OMEGA PROPERTIES INC (TRENT GIEGEIG)

AGENT: ROBERT FORD III - NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 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: 35    BLOCK: PH1    SUBDIVISION: CROSSWINDS    PLATTED: \_\_\_\_\_

PROPERTY ID #: 24-4S-16-03117-135    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT: ☐ No ☒

✓ PROPERTY SIZE: .5 ACRES    WATER SUPPLY: ☒ PRIVATE    PUBLIC ☐ ]<=2000GPD ☐ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☒    DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 850 SW CHESTERFIELD CIR, LAKE CITY FLA

DIRECTIONS TO PROPERTY: \_\_\_\_\_

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	NEW HOME	3	1660	
2				
3				
4				

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

SIGNATURE: \_\_\_\_\_

*Robert Ford (IN)*

DATE: \_\_\_\_\_

9-30-2021



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

PERMIT #: 12-SC-2376552  
APPLICATION #: AP1734873  
DATE PAID: 10/5/21  
FEE PAID: 310.00  
RECEIPT #:  
DOCUMENT #: PR1652289

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: DELTA\*\*21-0802 OMEGA PROPERTIES  
PROPERTY ADDRESS: 850 SW CHESTERFIELD Lake City, FL 32024  
LOT: 35 BLOCK: SUBDIVISION: Crosswinds Phase I  
PROPERTY ID #: 03117-135 [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 [ 400 ] GALLONS / GPD Aerobic Unit CAPACITY  
A [ ] GALLONS / GPD CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 282 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [X] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]

N  
F LOCATION OF BENCHMARK: 4x4 post E of site.  
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 20.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 22.00 ] 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 \*\*\*System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.  
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also required.  
E  
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II  
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD  
DATE ISSUED: 10/05/2021 EXPIRATION DATE: 04/05/2023  
DW 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

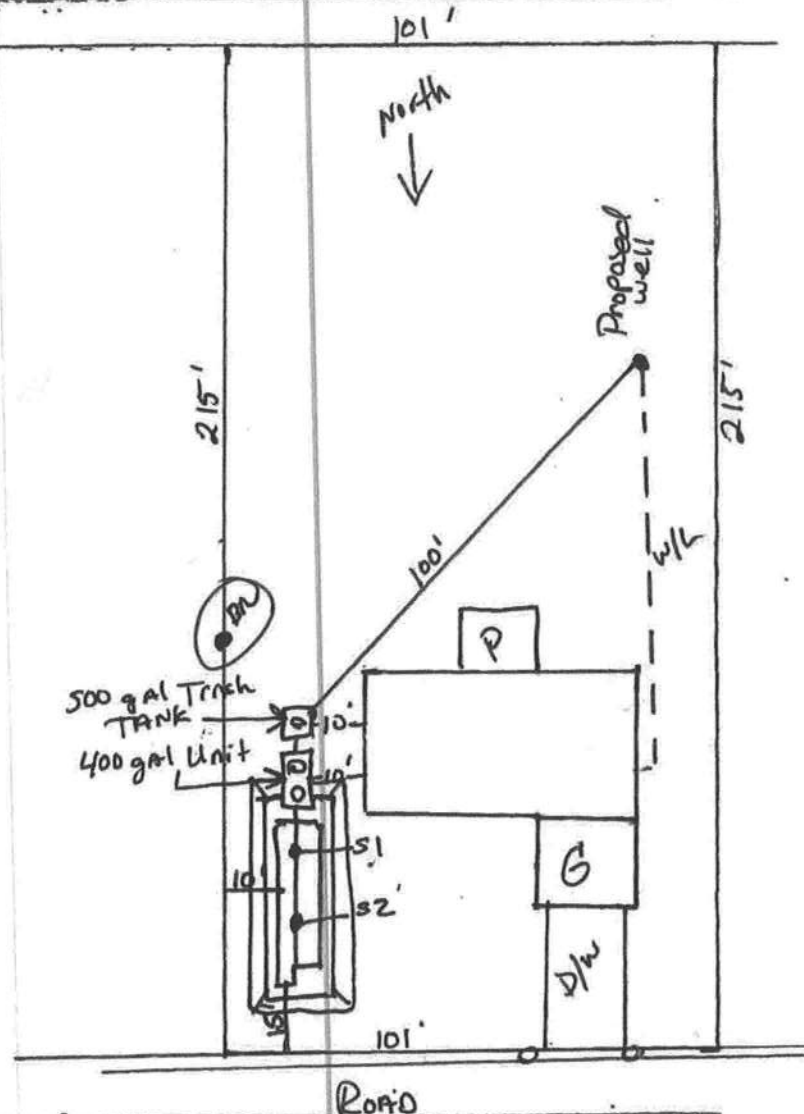
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0802

lot 35 - Crosswinds

1" = 40'



Notes:

The Plan submitted by: Robert W. Jones III Date 2-30-2021

I am Approved [Signature]

Not Approved [Signature]

Date 10/5/21

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT