



# FW

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

PERMIT NO: 22-0307  
DATE PAID: 4/8/22  
FEE PAID: 310.00  
RECEIPT #: 1816742

APPLICATION FOR:

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

APPLICANT: NITAYA MCCULLOUGH (IRONWOOD)

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: 4    BLOCK:           SUBDIVISION: ICHETUCKNEE JUNCTION UNREC    PLATTED:       

PROPERTY ID #: 19-6S-16-03869-104    ZONING:           I/M OR EQUIVALENT: ☒ No ☐

PROPERTY SIZE: 10.01 ACRES    WATER SUPPLY: ☒ PRIVATE    PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 352 SW LENOX GLN, FORT WHITE FLA 32038

DIRECTIONS TO PROPERTY: 47S, TR ON ELIM CHURCH RD, TL ON JUNCTION RD, TR ON LENOX TO 352

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	MH	3	1127	
2				
3				
4				

☐ Floor/Equipment Drains    ☐ Other (Specify)       

SIGNATURE: Robert Ford III

DATE: 4/7/22





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

PERMIT #: 12-SC-2486403  
APPLICATION #: AP1816762  
DATE PAID: 4/8/22  
FEE PAID: 310.00  
RECEIPT #:  
DOCUMENT #: PR1759662

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: NITAYA\*\*22-0307 MCCULLOUGH  
PROPERTY ADDRESS: 352 SW LENOX Fort White, FL 32038  
LOT: 4 BLOCK: SUBDIVISION: Ichetucknee Junction Unrec  
PROPERTY ID #: 03869-104 [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 [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: oak tree E. of site.

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: [ 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  
E  
R

SPECIFICATIONS BY: Robert W Ford TITLE: [Signature]

APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 04/15/2022 EXPIRATION DATE: 10/15/2023

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  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

27-0307

SEE  
Attachment

IS:

Plan submitted by: Robert W. Ford, III. Date 4.7.22

Approved ☒

Not Approved ☐

Date

4/15/22

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



## Permit Application Number \_\_\_\_\_

22-0307

M<sup>c</sup>Laugh

PART II - SITEPLAN

Hand-drawn site plan showing property boundaries, a driveway, an existing well, a proposed well, and a 3BR house. Dimensions are provided for various segments and areas. A north arrow points upwards.

- Property Dimensions:**
  - Top-left boundary: 83'
  - Top-right boundary: 135'
  - Right boundary: 85'
  - Bottom-right boundary: 76'
  - Bottom boundary: 142'
  - Bottom-right corner: 34'
  - Bottom boundary (near driveway): 61'
  - Left boundary: 142'
- Driveway:** Labeled "DRIVE", with a width of 73'.
- Existing Well:** Labeled "EX WELL".
- Proposed Well:** Labeled "PROPOSED WELL".
- House:** Labeled "3BR 1127 SQ", with a width of 76' and a depth of 14'10".
- Other Features:**
  - A dashed line labeled "WL" (water line) runs from the proposed well towards the house.
  - A circle with the number "20" inside is located near the bottom right corner.
  - Dimensions 15' and 25' are marked along the driveway.
  - A dimension of 25' is marked at the bottom right corner.
  - A dimension of 73' is marked near the driveway.
  - A dimension of 76' is marked near the house.
  - A dimension of 142' is marked on the left boundary.
  - A dimension of 83' is marked on the top-left boundary.
  - A dimension of 135' is marked on the top-right boundary.
  - A dimension of 85' is marked on the right boundary.
  - A dimension of 76' is marked on the bottom-right boundary.
  - A dimension of 34' is marked on the bottom-right boundary.
  - A dimension of 61' is marked on the bottom boundary.
- North Arrow:** Points upwards, labeled "North".
- Slope:** Labeled "SLOPE" with an arrow pointing towards the bottom left.

Notes:

1 of 10.01 Acres SEE Attached

Site Plan submitted by:

CONTRACTOR

Plan Approved \_\_\_\_\_

Not Approved

Date \_\_\_\_\_

By \_\_\_\_\_

County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
(Stock Number: 5744-002-4015-6)