

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

PERMIT #: 12-SC-2240954

APPLICATION #: AP1630295

DATE PAID: 2/11/04

FEE PAID: 3/00

RECEIPT #: 12-110-4885579

DOCUMENT #: PR1514831

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: JOANN**21-0141 STALNAKER	
PROPERTY ADDRESS: 232 CLAYTON Fort White, FL 32038	
LOT: SUBDIVISION:	
PROPERTY ID #: 04283-001 [SECTION, TOWNSHIP, RANGE, PARC [OR TAX ID NUMBER]	EL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDAR 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] GALLONS / GPD New Septic CAPACITY A [] GALLONS / GPD N/A CAPACITY N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALL K [] GALLONS DOSING TANK CAPACITY []GALLONS @[]DOSES PER 24 HRS D [500] SQUARE FEET New drainfield SYSTEM R [] SQUARE FEET N/A SYSTEM A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] I CONFIGURATION: [X] TRENCH [] BED []	#Pumps []
F LOCATION OF BENCHMARK: Nail in oak S of site	
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE L D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated 400 gpd.	FERENCE POINT
т н	
E	
R	
SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor	
APPROVED BY: TITLE: Environmental Specialist II	Columbia CHD
DATE ISSUED: 02/15/2021 EXPIRATION DATE:	08/15/2022
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

METUR (St	alraker)	Permit Applic	cation Number	
1110000	PAR	TII - SITEPLAN		
Scale: 1 inch = 10 feet.	VE	sw clayto	on Ln.	
	15 Weil 108	4BR 2027 SF	120,	
		105' 85"	T 510	pe con
Notes:		Special and an in the second s		
	330'			
Site Plan submitted by:	Willia D. B.	iskap II	MASTER CONTRAC	TOR
Site Plan submitted by:	William B. B.	Approved	MASTER CONTRACTION Date 2-8	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: David and Mary Moyer Jo Cum Stalnater (acc)
AGENT: ROCKY FORD, A & B CONSTRUCTION TELEPHONE: 386-497-2311
MAILING 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)(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: NA BLOCK: NA SUB: NA PLATTED:
PROPERTY ID #: 22-7S-16-04283-001 ZONING: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 2.5 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: NA FT PROPERTY ADDRESS: 232 Clayton Ln, Fort White, FL
DIRECTIONS TO PROPERTY: Head W ON NE Franklin St. TL onto
NW Main Blvd, Slight right onto FL-47S, Thouto
US-278, TRONTO FRY AUG, TL 6010 SW Clayton In, BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL P. ON NIGHT.
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 SF Residential 4 <u>2027</u>
3
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 2/8/2021

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