

550 027 205 224



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

22-0068
PERMIT NO. 425.00
DATE PAID: 1.25.22
FEE PAID: 1.25.22
RECEIPT #: AP 178037

APPLICATION FOR:

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

APPLICANT: Elisabeth ZAKOVSKYAGENT: Oda Price

TELEPHONE: _____

MAILING ADDRESS: 3360 150th Pl. - Lake City FL 32024

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: 82 BLOCK: Unit 21 SUBDIVISION: Three Rivers Estate PLATTED: 1964

PROPERTY ID #: 00-00-00-01349-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 0.459 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ X DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 287 SW Albany Terrace Fort White FL 32038DIRECTIONS TO PROPERTY: W on Frankling St to Calhoun Ave. ;

47 to SW Elm Church Rd to US-27 N turn @ m to
US-27 N - Roberts Ave to Albany Terrace.

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	Install DW mH	3	1144	Zone X
2				
3				
4				

☒ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]DATE: 1/11/22



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

PERMIT #: 12-SC-2450630
APPLICATION #: AP1788637
DATE PAID: 1/25/22
FEE PAID: \$ 425.00
RECEIPT #: _____
DOCUMENT #: PR1734048

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ELISABETH**22-0068 ZAKOVSKY
PROPERTY ADDRESS: 287 SW ALBANY Ter Fort White, FL 32038
LOT: 82 BLOCK: _____ SUBDIVISION: 3 Rivers Est U-21
PROPERTY ID #: 01349-000 [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: Nail in oak

I ELEVATION OF PROPOSED SYSTEM SITE [17.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [47.00] [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: Dustin W Jones TITLE: Environmental Specialist II

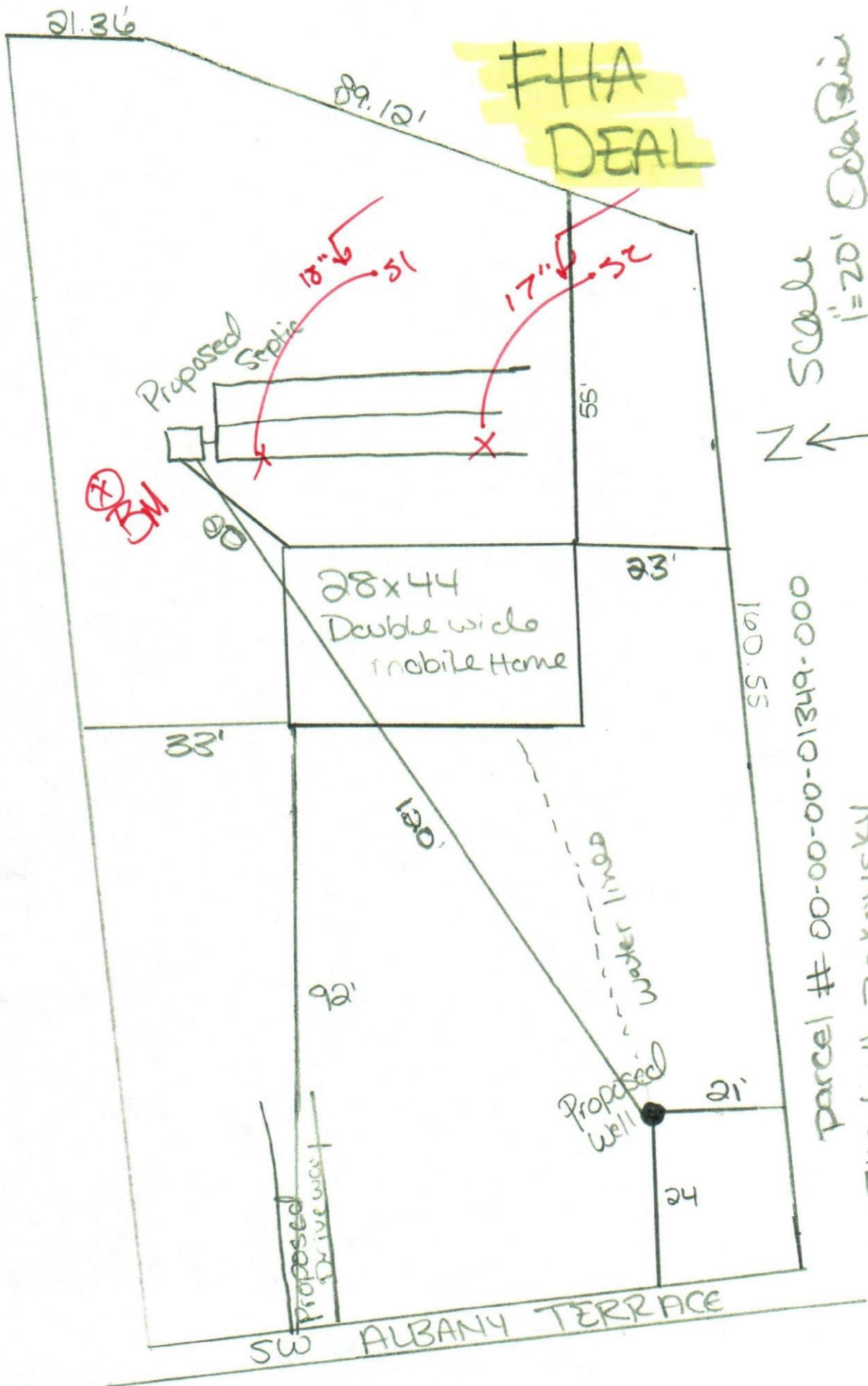
APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 02/03/2022 EXPIRATION DATE: 08/03/2023

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

Incorporated: 64E-6.003, FAC

JP



Scale 1"=20'

N

Site Plan

1-21-22

Parcel # 00-00-00-01349-000

Elisabeth Zakovsky

287 SW Albany Ter

Fort White FL

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-006 B

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

1 inch represents 10 feet and 1 inch = 40 feet.

SEE ATTACHED

SITE PLAN

Subject

Site Plan submitted by

Agent TITLE

DATE:

1/11/22

Plan approved

Not Approved

Date

2-3-22

By

Sallie Ford Env Health Director - Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT