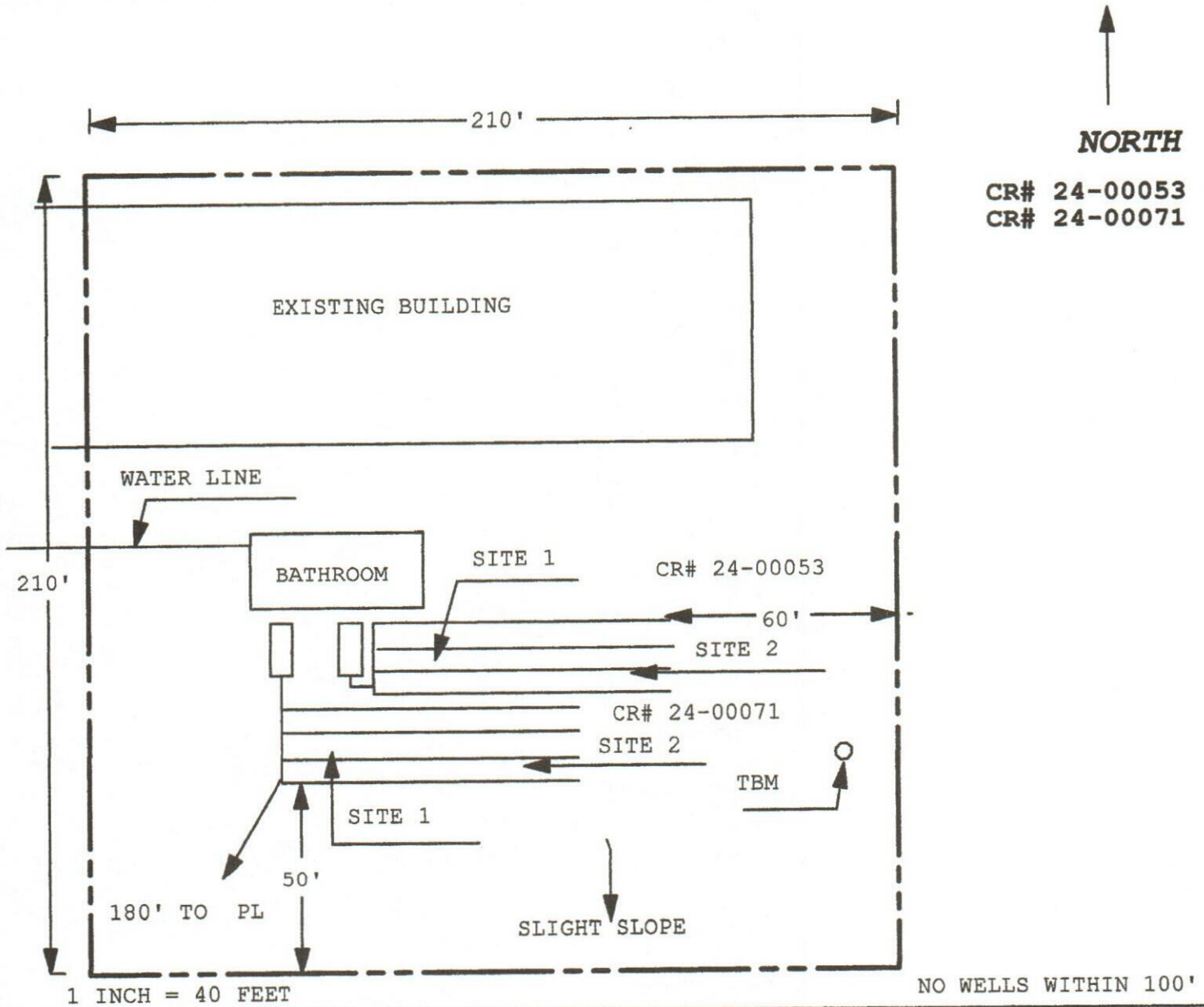


Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 24-0250

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul L. Lyle Date 3/19/24
Plan Approved X Not Approved Date 3-22-24
By Sally Ford, E.H. Director - Columbus CPHU

Notes:



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

PERMIT #: **12-SC-2872026**
APPLICATION #: **AP2047933**
DATE PAID: **3/20/24**
FEE PAID: **310.00**
RECEIPT #:
DOCUMENT #: **PR2063081**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: Christ Central**24-0250 Ministry
PROPERTY ADDRESS: 217 SW Dyal Ave Lake City, FL 32025
LOT: BLOCK: SUBDIVISION: Meets & Bounds
PROPERTY ID #: 03189-003 [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 [1,650] GALLONS / GPD New Multi-Chambered Septic 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 [923] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Nail in power pole east of system site
I ELEVATION OF PROPOSED SYSTEM SITE [0.00] [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: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R

SPECIFICATIONS BY: Paul Lloyd TITLE: PSE
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 03/22/2024 EXPIRATION DATE: 09/22/2025

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

CR # 24-00053

PERMIT NO. 24-0250
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: CHRIST CENTRAL MINISTRY

EMAIL: _____

AGENT: FAULKNER PLUMBING

TELEPHONE: (386) 288-9138

MAILING ADDRESS: 217 SW DYAL PLUMBING

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

OSTDS REMEDIATION PLAN? ☐ Y / ☒ N

LOT: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 26-4S-16-03189-003 ZONING: _____ I/M OR EQUIVALENT: ☐ NO

PROPERTY SIZE: 43.710 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☒ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 217 SW DYAL AVE. LAKE CITY

DIRECTIONS TO PROPERTY:

TAKE 90 WEST. TURN LEFT ON SISTERS WELCOME ROAD. GO UNDER I-75. CROSS OVER CR 242 ONTO DYAL AVE. SITE ON LEFT.

BUILDING INFORMATION ☐ RESIDENTIAL ☒ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	DAY SCOOL	0	900	137 STUDENTS X 10 GPD = 1370 GPD
2	THIS APPLICATION IS			7 TEACHERS X 15 GPD = 105 GPD
3	FOR 1/2 SEWAGE FLOW			TOTAL FLOW = 1475 GPD 1/2 FLOW = 738 GPD
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 03/20/2024

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

CR # 24-00071

PERMIT NO. 24-0251
DATE PAID: 3.20.24
FEE PAID: 310.00
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: CHRIST CENTRAL MINISTRY

EMAIL: lee@christcentral.org

AGENT: FAULKNER PLUMBING

TELEPHONE: (386) 288-9138

MAILING ADDRESS: PO BOX 3823

LAKE CITY

FL 32056

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

OSTDS REMEDIATION PLAN? ☐ Y ☒ N

LOT: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 26-4S-16-03189-003 ZONING: COM I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 43.710 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☒ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 217 SW DYAL AVE. LAKE CITY

DIRECTIONS TO PROPERTY:

TAKE 90 WEST. TURN LEFT ON SISTERS WELCOME ROAD. GO UNDER I-75.
CROSS OVER CR 242 ONTO DYAL AVE. SITE ON LEFT.

BUILDING INFORMATION ☐ RESIDENTIAL ☒ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
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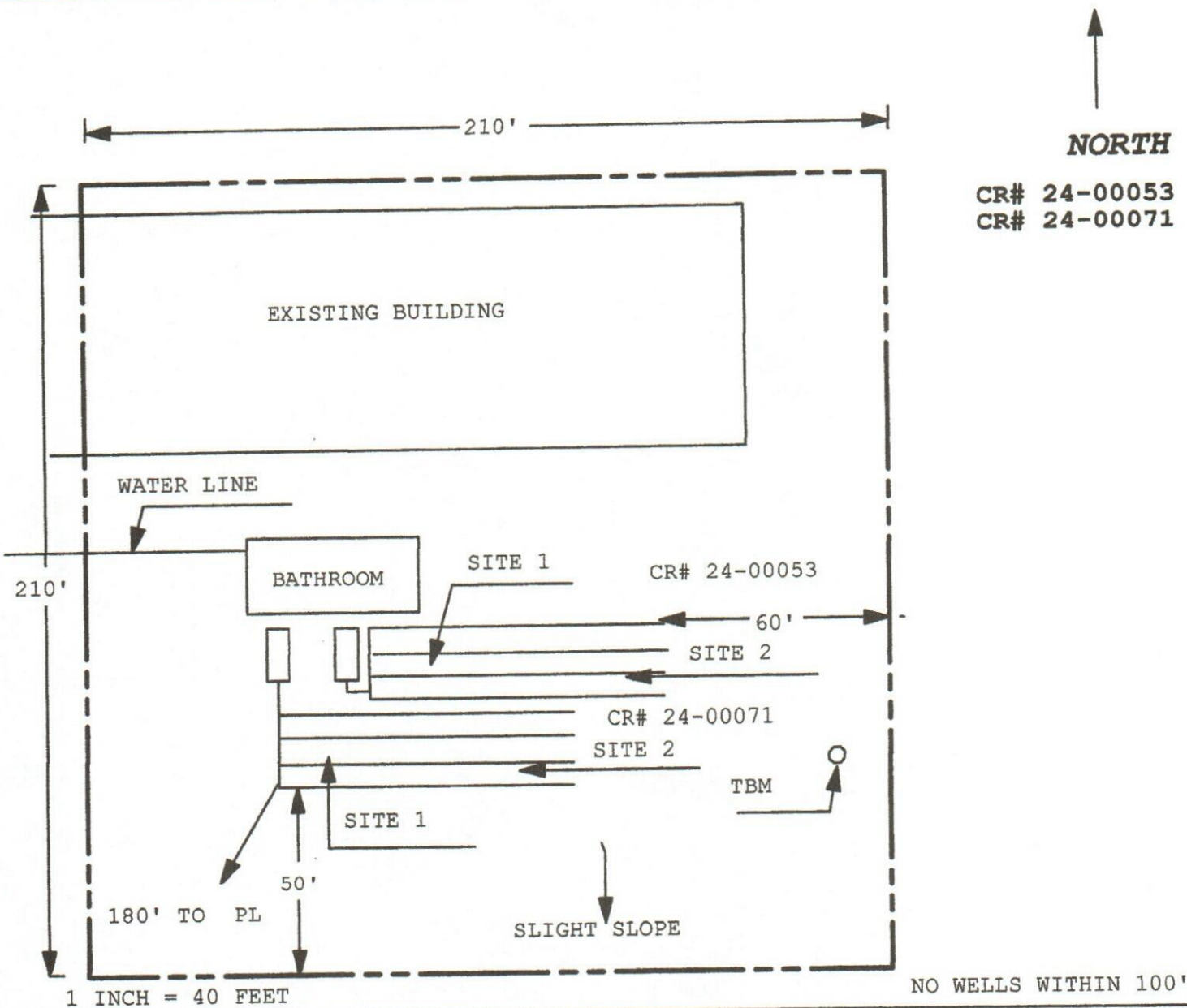
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 3/20/2024

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
Permit Application Number: _____

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Pam Riley Date 3/19/24
Plan Approved X Not Approved _____ Date _____

By Sallie Ford EPH Director Columbus 4.1.24 CPHU

Notes: _____



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

PERMIT #: 12-SC-2872024
APPLICATION #: AP2047931
DATE PAID: 3/20/24
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR2063076

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: Christ Central**24-0251 Ministry
PROPERTY ADDRESS: 217 SW Dyal Ave Lake City, FL 32025
LOT: BLOCK: SUBDIVISION: Meets & Bounds
PROPERTY ID #: 03189-003 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

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L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

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T
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E
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE
APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 03/22/2024 EXPIRATION DATE: 09/22/2025

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
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