



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

FW

CR # 20-00244

PERMIT NO. 23 0415
DATE PAID: 6/6/23
FEE PAID: 310.00
RECEIPT #: 1970090

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: JON BEHR

AGENT: HOWARD SEPTIC

TELEPHONE: (386) 935-1518

MAILING ADDRESS: P.O BOX 180

BRANFORD FL 32008

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: 40 BLOCK: N/A SUBDIVISION: SHADOW WOOD 42 PLATTED: _____

PROPERTY ID #: 27-6S-17-09784-140 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 5.060 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: 268 SE STARDUST PLACE LAKE CITY

DIRECTIONS TO PROPERTY:

TAKE 3441 SOUTH PAST STATE ROAD 18. TURN LEFT ON MEMORY LANE. TURN RIGHT ON SHADOW WOOD DRIVE. TURN RIGHT ON STARDUST PLACE. SITE IS SECOND 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	HOUSE	1	1,150	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

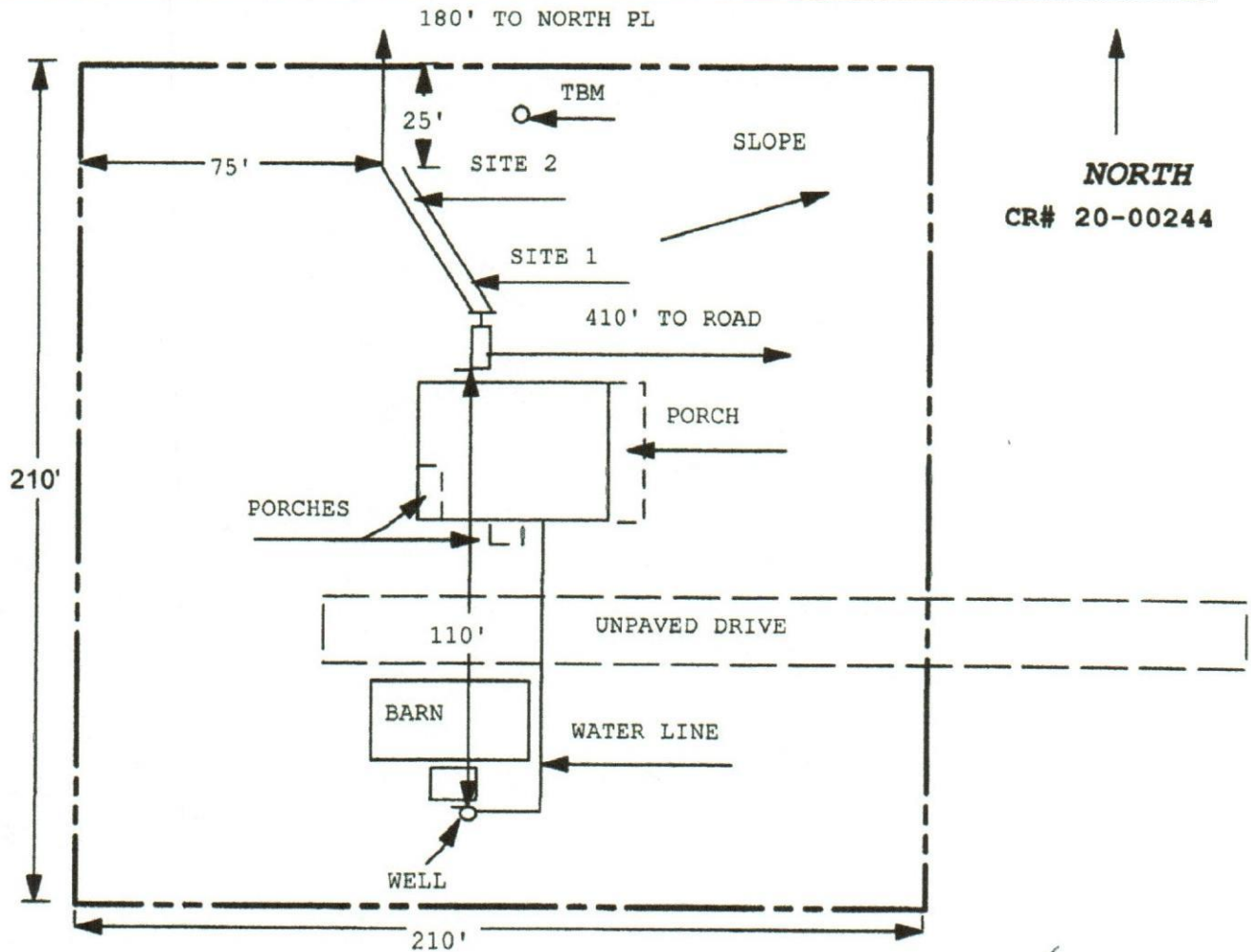
SIGNATURE: John C. Howard DATE: 6-6-23

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

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan

Permit Application Number: 23-0415

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



1 INCH = 40 FEET

Walter C. Harris
NO WELLS WITHIN 100'

Site Plan Submitted By Paul D. Royal Date 5/16/23
Plan Approved X Not Approved Date 6/9/23

By *[Signature]* Columbus CPHU

Notes:



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

PERMIT #: 12-SC-2734583
APPLICATION #: AP1970090
DATE PAID: 6/16/23
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1962666

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JONATHAN**23-0415 BEHR
PROPERTY ADDRESS: 268 SE STARDUST Lake City, FL 32055
LOT: 40 BLOCK: _____ SUBDIVISION: Shadow Wood U-2
PROPERTY ID #: 09784-140 [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 [250] SQUARE FEET _____ Drainfield _____ SYSTEM
R [] SQUARE FEET _____ N/A _____ SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Nail in 20" oak N. 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 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 200 gpd.
T
H
E
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 06/09/2023 EXPIRATION DATE: 12/09/2024
DE 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

SK