



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

CR # 10-8522

PERMIT NO. 21-09105
DATE PAID: 11/24/21
FEE PAID: 310.08
RECEIPT #: 17663600

APPLICATION FOR:

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

APPLICANT: SPARKS CONSTRUCTION AND DESIGN, INC.

AGENT: SPARKS CONSTRUCTION AND DESIGN, INC.

TELEPHONE: (386) 755-9314

MAILING ADDRESS: 426 SW COMMERCE DR STE. 130

LAKE CITY

FL 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: 25 BLOCK: N/A SUBDIVISION: BLACKBERRY FARMS S/D PLATTED: _____

PROPERTY ID #: 17-3S-16-02168-125 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 2.270 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: NW BLACKBERRY CIRCLE LAKE CITY

DIRECTIONS TO PROPERTY: TAKE 90 WEST TURN RIGHT LAKE JEFFREY RD TURN LEFT NASH RD TURN RIGHT BLACKBERRY CIRCLE SITE ON BACK ON LEFT

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	HOUSE	3	2,406	
2	<u>bonus room</u>		<u>489</u>	
3			<u>2095 total</u>	
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 11/23/2021



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

PERMIT #: 12-SC-2423094
APPLICATION #: AP1766360
DATE PAID: 11/24/21
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1691804

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: SPARKS**21-0965 CONSTRUCTION & DESIGN
PROPERTY ADDRESS: NW BLACKBERRY Lake City, FL 32055
LOT: 25 BLOCK: _____ SUBDIVISION: Blackberry Farms
PROPERTY ID #: 02168-125

[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 [1,050] GALLONS / GPD New Multi-Chambered Septic 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 [500] 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 power pole across the street north 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
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 400 gpd.

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

APPROVED BY: Sean P. Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 11/29/2021 EXPIRATION DATE: 05/29/2023

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

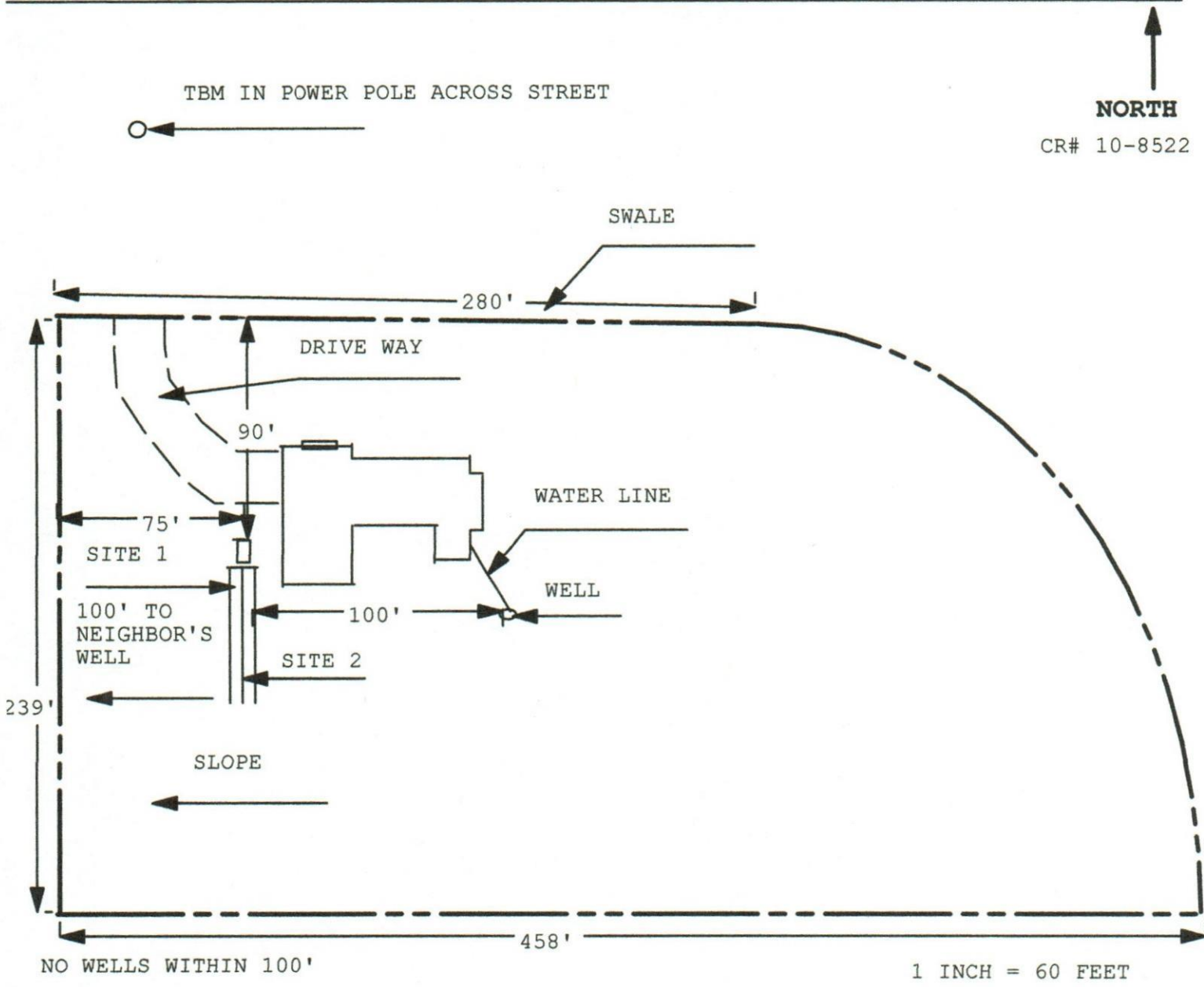
Incorporated: 64E-6.003, FAC

Page 1 of 3

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

Permit Application Number: 21-0945

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul Rleyd Date 11/22/21
Plan Approved ✓ Not Approved Date 11/29/21
By [Signature] ESR Columbia CPHU
Notes: