

550140 10621



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

PERMIT NO. 21-0472  
DATE PAID: 5/22/21  
FEE PAID: 1725.00  
RECEIPT #: 1665712

APPLICATION FOR:

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

APPLICANT: Richard Futter / FUTERS 4 OAKS RV PARK

AGENT: CRAIG Futter TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ futter 4 oaks RV

Windsor

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 14-25-15-00051-000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / ☒ N ]

PROPERTY SIZE: 3.95 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ] ☐ ≤2000GPD [ ] ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 2264 NW Thunder St. White Springs FL

DIRECTIONS TO PROPERTY: \_\_\_\_\_

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	<u>10-RV sites</u>			<u>RV park</u>
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Richard W. Futter DATE: 5/12/21

App#49596

(56)



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

PERMIT #: **12-SC-2294265**  
APPLICATION #: **AP1665112**  
DATE PAID: **5/20/21**  
FEE PAID: **425.00**  
RECEIPT #:  
DOCUMENT #: **PR1566967**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: R&M\*\*21-0472 2000 CORP

PROPERTY ADDRESS: 2264 NW THUNDER White Springs, FL 32096

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 00051-000

[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 [ 1,650 ] GALLONS / GPD Septic Tank 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 [ 938 ] 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 oak E. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [ 29.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 59.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

L

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

10 RV's @ 75GPD = 750GPD

O  
T  
H  
E  
R

SPECIFICATIONS BY: Dustin W Jones

TITLE: Environmental Specialist II

APPROVED BY: Dustin W Jones

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 05/26/2021

EXPIRATION DATE: 11/26/2022

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

Incorporated: 64E-6.003, FAC

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V 1.1.4

AP1665112

SE1523924

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Permit Application Number 21-0472

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See attached

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: CRAIG FULTER Agent: X Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Plan Approved ✓ Not Approved \_\_\_\_\_ Date 6.9.21  
By Sally Ford Env Health Director COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

