

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0469

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Site Plan submitted by: RA

Plan Approved 1 Not Approved \_\_\_\_\_

By [Signature] [Signature]

Date 5-19-22

County Health Department

6/9/22

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



# SMITHS SEPTIC

INSTALLS - REPAIRS - PUMPING  
PORTABLE TOILETS

P.O. Box 838, Bell, FL 32619  
(386) 935-1429 cmsmith@windstream.net

## SITE PLAN

New Septic System

Address: 285 SW Pinehurst Drive, Lake City, FL

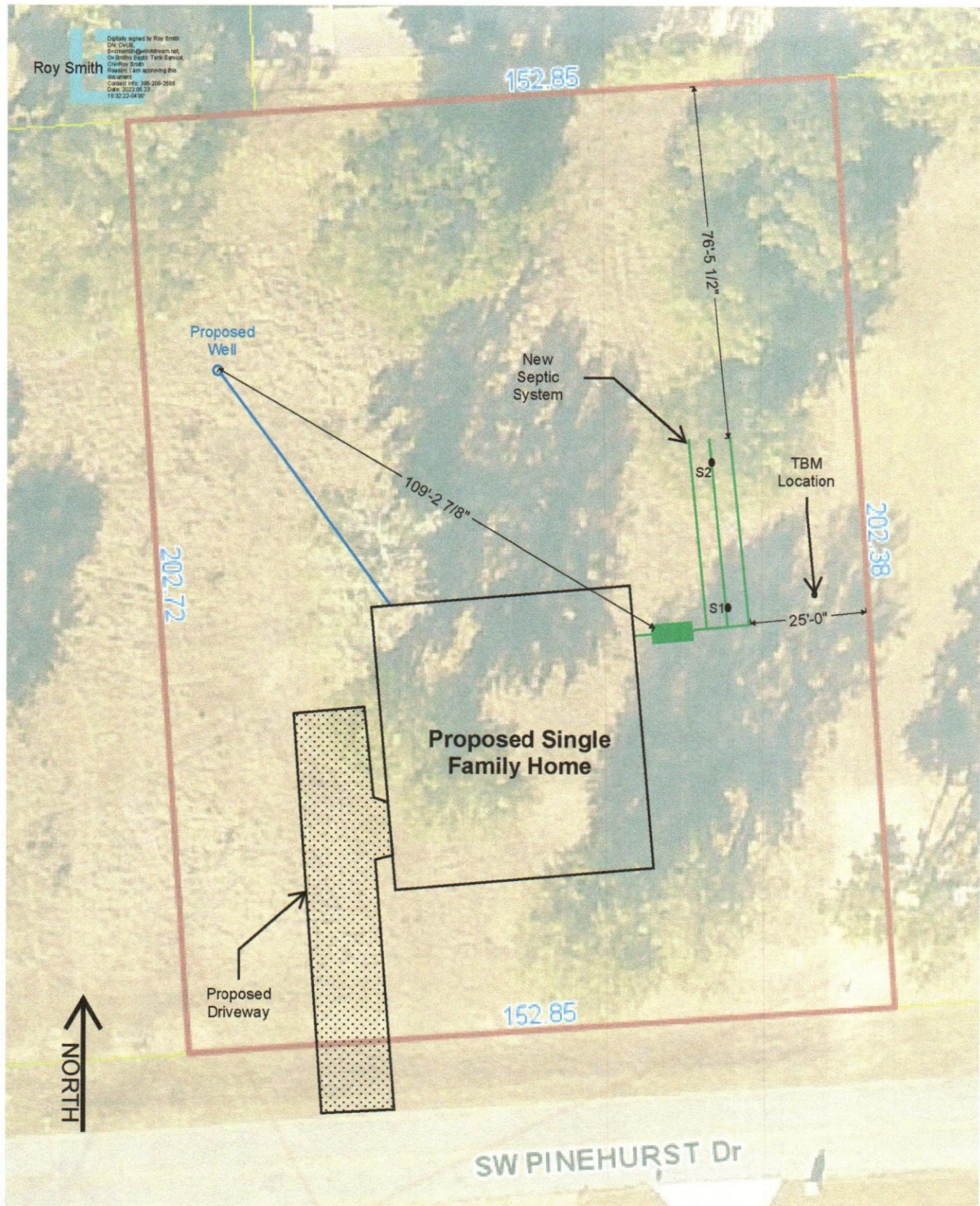
Parcel ID: 21-4S-16-03087-106

Located in Columbia County

Owner: Adams Homes

22-0469

Scale = 1"=30'







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

PERMIT NO. 22-0469  
DATE PAID: 5/24/22  
FEE PAID: 310.00  
RECEIPT #: 1837193

APPLICATION FOR:

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

APPLICANT: Adams Homes

AGENT: Smith Septic - Roy Smith TELEPHONE: 386-935-1429

MAILING ADDRESS: P.O. Box 838, Bell, FL 32619

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: 6 BLOCK:  SUBDIVISION: Forest Country PLATTED:

PROPERTY ID #: 214S-16-03087-106 ZONING:  I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 71 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: n/a FT

PROPERTY ADDRESS: 285 SW Pinehurst Dr. Lake City

DIRECTIONS TO PROPERTY: 247 S FLA SW Minkway TR @ SW Long Leaf Dr  
Then SW Pinehurst Dr. Property 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	<u>SF</u>	<u>4</u>	<u>2,508</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature] DATE: 5-19-22





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

PERMIT #: 12-SC-2511828  
APPLICATION #: AP1837193  
DATE PAID: 5/24/22  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1790224

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: ADAMS\*\*22-0469 HOMES  
PROPERTY ADDRESS: 285 SW PINEHURST Lake City, FL 32024  
LOT: 6 BLOCK: \_\_\_\_\_ SUBDIVISION: Forest Country  
PROPERTY ID #: 03087-106 [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 [ 500 ] GALLONS / GPD Aerobic Unit treatment (NSF 245 Cer 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 [ ]

N  
F LOCATION OF BENCHMARK: Nail in oak tree

I ELEVATION OF PROPOSED SYSTEM SITE [ 18.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 40.00 ] [ 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 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.  
T \*\*\*System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.  
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting/fee also required.  
E -Operating permit fee and application / 2yr singed maintenance entity contract agreement w/ owner required prior to final  
R approval.

SPECIFICATIONS BY: Roy A Smith TITLE: M. Cor

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 06/09/2022 EXPIRATION DATE: 12/09/2023

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

Incorporated: 64E-6.003, FAC

SK