STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0469

le: Each block represents		PART II - SITEPLAN - = 40 feet.		
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Plan submitted by:	TRA	7		
Approved 1	V V V	ot Approved		Date_ 5.19.23
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1	7951		pine	County Health Departm

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC (Stock Number: 5744-002-4015-6)

SMITHS SEPTIC

INSTALLS - REPAIRS - PUMPING
PORTABLE TOILETS

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

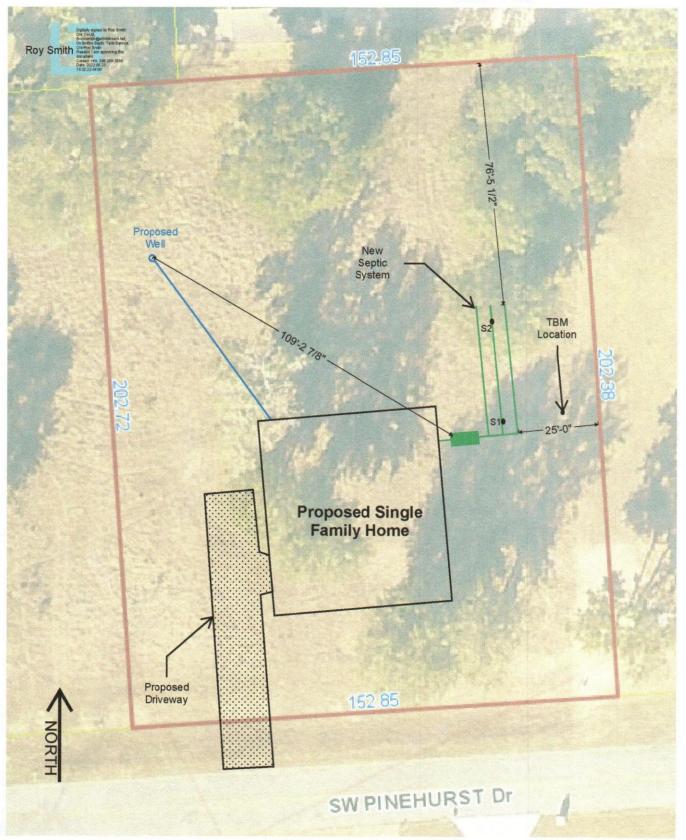
SITE PLAN

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

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

APPLICANT: Addms Homes AGENT: Smith Septic - Roy Smith Telephone: 3816.935.145 MAILING ADDRESS: D. BOX 838 Bell FC 32619 TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) 0.08 489.552, 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 FROVISIONS. PROPERTY INFORMATION LOT: 6 BLOCK: SUBDIVISION: FOREST COUNTING: I/M OR EQUIVALENT: [Y N] PROPERTY SIZE: 7 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: AFF FROPERTY ADDRESS: 285 SW ANALYST MARKUM FR & SW Long lea/Arc The Sw Time heart Dr. Proputs Legs. BUILDING INFORMATION [] PRESIDENTIAL [] COMMERCIAL Unit Type of No. of Building Commercial/Institutional System Design No. Establishment Bedrooms Area Soft Table 1, Chapter 64E-6, FAC 1 2 500 1 1 Floor/Equipment Dirafts [] Other (Specify)	APPLICATI [New [] Rep	ON FOR: System [pair [Existing Sys	stem [] Hol	ding Tank	[] Inno	vative
MAILING ADDRESS:			1					
MAILING ADDRESS:	AGENT:	Smith	Septic - F	Roy Sm	ith	TELE	PHONE: 384	.935.145
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: O BLOCK: SUBDIVISION: FORCS: LAW OR EQUIVALENT: [YN] PROPERTY ID #: 2145 16:03097 100 ZONING: I/M OR EQUIVALENT: [YN] PROPERTY SIZE: 7 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: 1/M FT PROPERTY ADDRESS: 285 SW AND WAS CLUTTY THE APPLICANCE OF THE ARCHIVEST	MAILING A	DDRESS:	. Box 838	3 , Be 11	FL	32619		
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BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL Unit Type of No. of Building Commercial/Institutional System Design Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC 1		Ttu Sw	Pine huns T BA	· prope	ta	Left.	,	
Unit Type of No. of Building Commercial/Institutional System Design Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC 1						/		
No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC 1	BUILDING 1	INFORMATION	[] RESI	DENTIAL	1] COMMERCIAL		
2 3 4 [] Floor/Equipment Drains [] Other (Specify)	4 4		No. of Bedrooms	Building Area Sqft	Commer	cial/Institu 1, Chapter 6	tional Sys	tem Design
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[] Floor/Equipment Drains [] Other (Specify)	3		***************************************					
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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	
THE VIEW AND ADDRESS OF THE PERSON OF THE PE	
LOT: 6 BLOCK: SUBDIVISION: Forest Country	
PROPERTY ID #: 03087-106 [SECTION, TOWNSHIP, RANGE, PARCE]	EL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDAR 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
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 GALL K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS	Townson and the same of the sa
D [375] SQUARE FEET Drainfield SYSTEM R [] SQUARE FEET N/A SYSTEM A TYPE SYSTEM: [*] STANDARD [] FILLED [] MOUND [] I CONFIGURATION: [*] TRENCH [] BED []	
F LOCATION OF BENCHMARK: Nail in oak tree	
I ELEVATION OF PROPOSED SYSTEM SITE [18.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE	EFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [40.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE	EFERENCE POINT
L D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES	
The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated 400 gpd.	d flow of
T ***System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table sep	
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitti also required.	ing/fee
Coperating permit fee and application / 2yr singed maintenance entity contract agreement w/ owner required prior t	to final
R approval.	
SPECIFICATIONS BY: Roy A Smith TITLE: M-COR	
APPROVED BY: 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	Page 1 of 3

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