



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

PERMIT #: **12-SC-2466885**
APPLICATION #: **AP1803046**
DATE PAID: **2.11.22**
FEE PAID: **205.00**
RECEIPT #:
DOCUMENT #: **PR1741233**

CONSTRUCTION PERMIT FOR: OSTDS Existing Repair

APPLICANT: JOSHUA**22-0117 ANDERSON

PROPERTY ADDRESS: 729 NW LAKE CITY Lake City, FL 32025

LOT: 8 BLOCK: A SUBDIVISION: West Lake City Hills

PROPERTY ID #: 02504-003 [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 NEW Septic tank CAPACITY
A [0] GALLONS / GPD CAPACITY
N [0] 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 [0] SQUARE FEET SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Nail with pink ribbon in oak near site
I ELEVATION OF PROPOSED SYSTEM SITE [47.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [77.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O Minimum requirements are 150 square feet of drain field.
T
H
E
R

SPECIFICATIONS BY: Kameron Keen

TITLE: CEHP

APPROVED BY: Sallie A Ford

TITLE: Environmental Health Director

Columbia CHD

DATE ISSUED: 03/07/2022

EXPIRATION DATE: 06/05/2022

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

Incorporated: 64E-6.003, FAC

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

22-0117
PERMIT NO. _____
DATE PAID: 2.11.22
FEE PAID: 200.00
RECEIPT #: 1808046

APPLICATION FOR:

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

APPLICANT: Joshua Anderson

AGENT: Tommy Jones

TELEPHONE: 352-221-4473

MAILING ADDRESS: 1490 NE 130th St. Trenton, FL. 32693

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: 8 BLOCK: A SUBDIVISION: West Lake City Hills PLATTED: _____

PROPERTY ID #: 34-35-16-02504-003 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: .93 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Yes DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 729 NW Lake City Ave. Lake City, 32025

DIRECTIONS TO PROPERTY: Take 90 W, TR on Lake City Ave, property will be on R.

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>New SFR</u>	<u>2</u>	<u>1568</u>	
2	<u>Replacing SFR</u>	<u>2</u>	<u>672</u>	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 2-10-22

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0117

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

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

Anderson

*See
attached*

Notes: _____

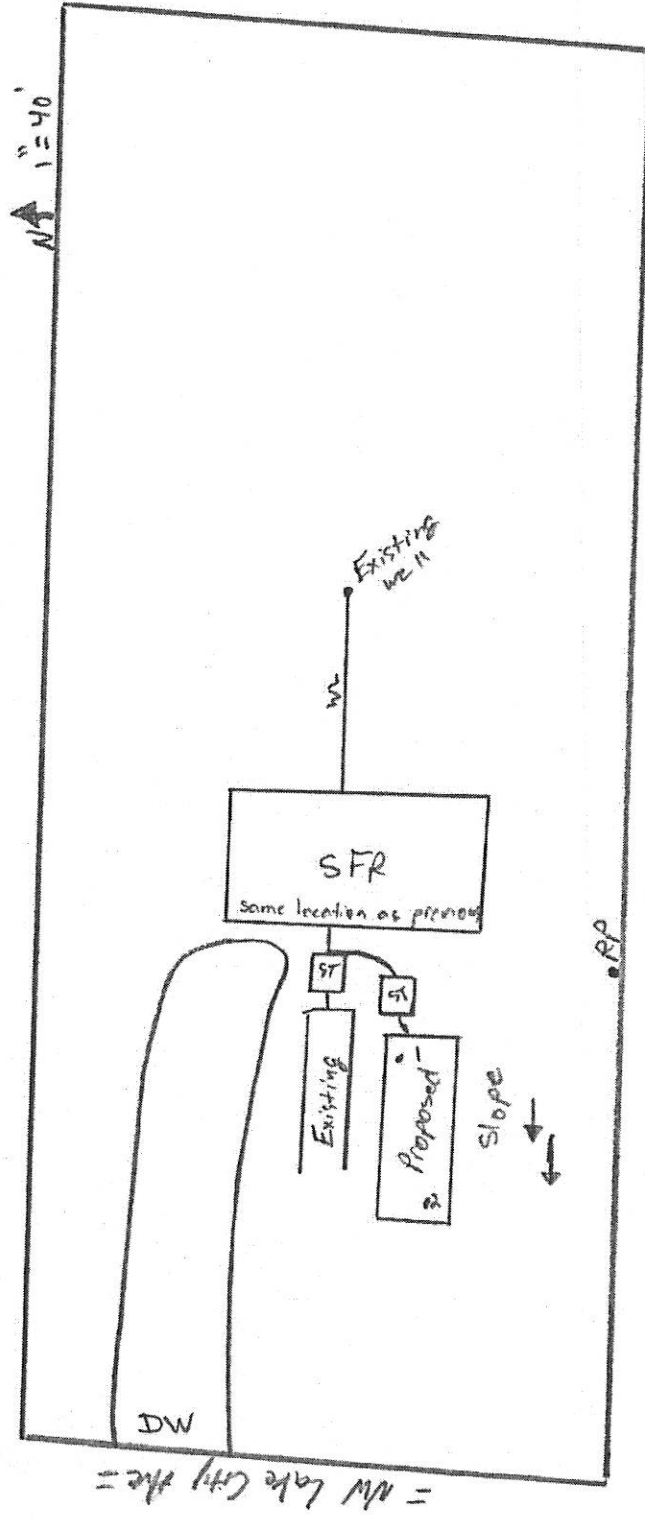
Site Plan submitted by: *K. Keen* Agent: _____ Owner: _____ Date: _____

Plan Approved ☒ Not Approved _____ Date *3.7.22*

By *Jalili Ford* Env Health Director COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

JOSHIKA 11-10-2011
729 NW Lake City Ave.
Lake City



Kamran Khan
21-2064
2-10-22

✓
2-10-22

22-0117