

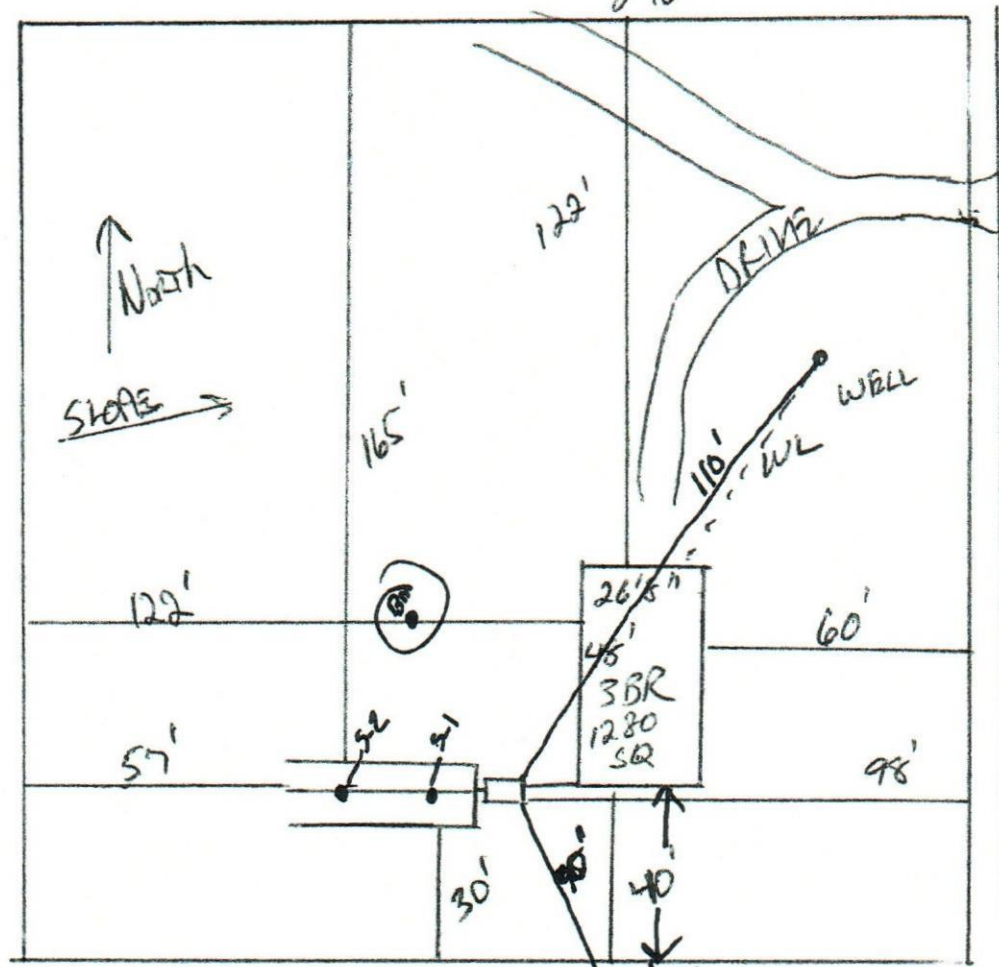
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

21-03605

HINNES PART II - SITEPLAN

Scale: 1 inch = 40 feet.



John W. The
3-31-2021

Notes:

2 of 5.26 ACRES SEE ATTACHED
MAY USE EXISTING WELL

Site Plan submitted by:

Plan Approved

Not Approved

By

[Signature]
Kelli Rogers

CONTRACTOR

Date 4/19/2021

Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT #: 12-SC-2272788
APPLICATION #: AP1656459
DATE PAID: 4/16/2021
FEE PAID: \$3100
RECEIPT #: 12-PIB-4946532
DOCUMENT #: PR1548454

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: MARTINE**21-0365 VERMEULEN
PROPERTY ADDRESS: 1216 NW WHITE SPRINGS White Springs, FL 32096
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 00048-004 [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 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 New 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 4" tree N of site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [44.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT

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

O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 04/19/2021 EXPIRATION DATE: 10/19/2022

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

Incorporated: 64E-6.003, FAC



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

21-0345
PERMIT NO. 21-0345
DATE PAID: 4/16/21
FEE PAID: 310.00
RECEIPT #: 1654459

APPLICATION FOR:

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

APPLICANT: Martine Vermeulen (Ironwood/Hines)

AGENT: ROBERT FORD III NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100 LAKE CITY, FLA 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: - BLOCK: - SUBDIVISION: -NA- PLATTED: -

PROPERTY ID #: 13-25-1500048-004 ZONING: - I/M OR EQUIVALENT: [Y/N]

PROPERTY SIZE: 5.26 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/X] DISTANCE TO SEWER: - FT

PROPERTY ADDRESS: 1216 NW White Springs Ave, White Springs FL

DIRECTIONS TO PROPERTY: Take NW Lake Jeffery Rd 11 mins to NW Leonia Way, take NW Combs Terr to White Springs Rd to 1216

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	m/hume	3	1280	Zone x
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) -

SIGNATURE: Robert Ford III DATE: 3/31/21