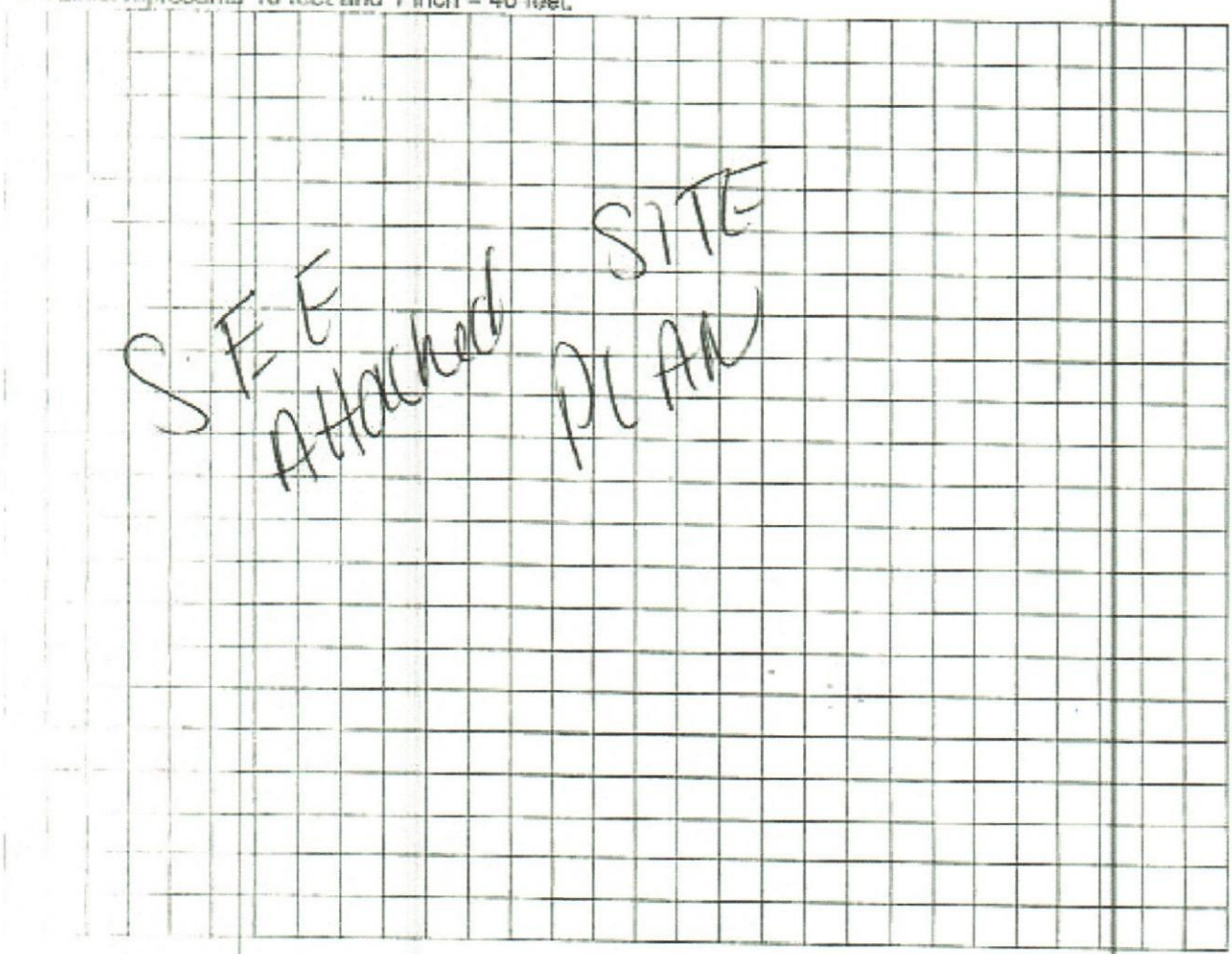
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0328

PART II - SITEPLAN

...represents 10 feet and 1 inch = 40 feet.



Submitted by: [signature] 4-21-23

Approved ✓ Not Approved ____ Date 5/22/23

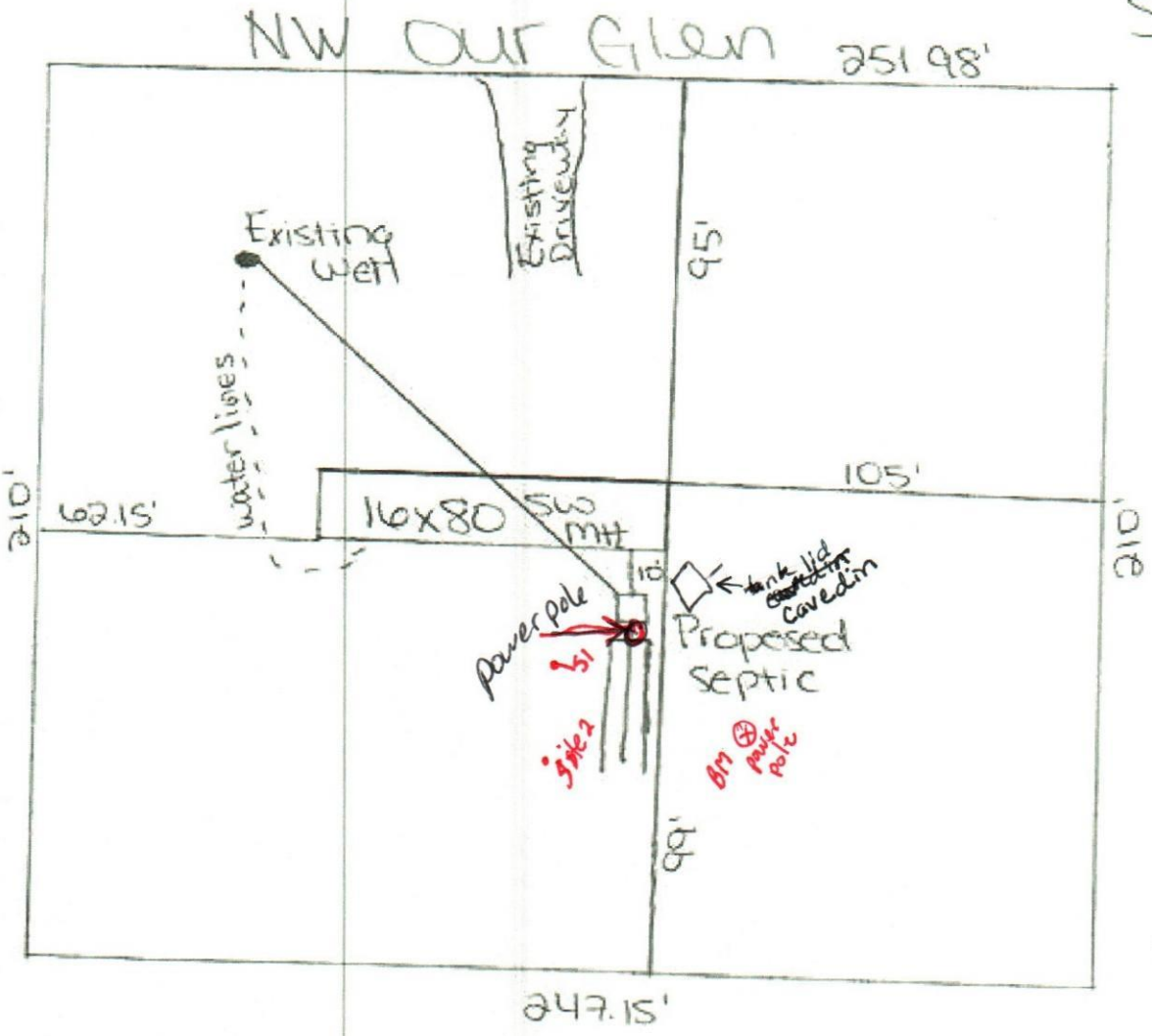
Cassandra Bonds ESI Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015 (includes previous editions which may not be used) Incorporated: 64E-6.001, FAC
(Obsolete 5/14 DOH-4015-5)

23-0318

Site Plan



parcel #
34-3S-16-01842-00a (6053)

Jolena Byrden
198 NW Our Glen
Lake City FL 32055

N

Scale
1"=40'

Ocla Pines

REVISED

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

PERMIT NO. 23-0328
DATE PAID: 5.16.23
FEE PAID: 300.00
RECEIPT #:

APPLICATION FOR
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Joana Byrdett

AGENT: Oda Price TELEPHONE: 386-963-4298

MAILING ADDRESS 3360 150th Place Lake City Fl 32024

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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED:

PROPERTY ID #: 24-2S-16-01842-002 ZONING: A3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 198 NW Our Gln Lake City Fl 32055

DIRECTIONS TO PROPERTY: Head N on NE Hernando Ave @ 1st and NE Hernando Ave @ NE Hernando Ave @ Duval St @ onto NE Main Blvd @ Falling Creek to be 1st exit onto US Hwy 41N @ NW Whitfield St @ NW Colvin Mill @ NW Our Glen destination on L

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	Install SWMH	3 Dble 4134	1120	proposed new
2				
3				
4				

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

SIGNATURE: DATE: 4-21-23

DH 4015, 08/09 Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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

PERMIT #: 12-SC-2708349
APPLICATION #: AP1966013
DATE PAID: 5.16.23
FEE PAID: 300.00
RECEIPT #:
DOCUMENT #: PR1939517

CONSTRUCTION PERMIT FOR: OSTDS Repair

APPLICANT: JOLENA**23-0328 BYRDEN

PROPERTY ADDRESS: 198 NW OUR Lake City, FL 32055

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 01842-002 [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 New 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 in power pole east of site.
I ELEVATION OF PROPOSED SYSTEM SITE [40.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [58.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O
T
H
E
R

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 200 gpd.
Install a new drainfield to achieve Drainfield size requirement.
Required drainfield area based on Rule 62-6.015(6)(c)2., F.A.C.

SPECIFICATIONS BY: Cassandra Bonds TITLE: Environmental Specialist I

APPROVED BY: Cassandra Bonds TITLE: Environmental Specialist I Columbia CHD
Cassandra Bonds

DATE ISSUED: 05/24/2023 EXPIRATION DATE: 08/20/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

v 1.1.4 AP1966013 SE1857772