



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

550079205027

PERMIT NO. 12-0143
DATE PAID: 2/18/22
FEE PAID: 725.00
RECEIPT #: 1804805

APPLICATION FOR:

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

APPLICANT: Heather Dibra

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: BLOCK: SUBDIVISION: PLATTED:

PROPERTY ID #: 12-55-17-19(217-001) ZONING: A3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 36.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ☐ <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 4724 SE High Falls Rd. Lake City FL 32025

DIRECTIONS TO PROPERTY: Head N on NE Hernando Ave toward NE Justice St

② Madison St ② Lakeside Cir ② NE Vickers Terrace ② at 1st Cross St

Onto US 90 slight R onto FL-100 E ② onto SE CR 245 Price Creek Rd

② SE High Falls Rd ② SE Lay St

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	Install DW	4	2273	
2	Garage	1 toilet 1 sink	1760	6 x 5 = 30 sq ft restroom
3				
4	total	4	2303	

☒ Floor/Equipment Drains [] Other (Specify)

SIGNATURE: [Signature] DATE: 2/16/22



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

PERMIT #: **12-SC-2469356**
APPLICATION #: **AP1804825**
DATE PAID: **2/8/22**
FEE PAID: **425.00**
RECEIPT #:
DOCUMENT #: **PR1742366**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: HEATHER**22-0143 DIBRA

PROPERTY ADDRESS: 4724 SE HIGH FALLS Lake City, FL 32025

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 09217-001

[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 [1,050] GALLONS / GPD New Multi-Chambered Sptic 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 [500] 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 tree w/ pink ribbon E of site

I ELEVATION OF PROPOSED SYSTEM SITE [9.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [39.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L

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

O The system is sized for 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of 500 gpd.

T

H

E

R

SPECIFICATIONS BY: Sean P Havens

TITLE: Environmental Specialist I

APPROVED BY: Sean P Havens

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 03/11/2022

EXPIRATION DATE: 09/11/2023

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

Incorporated: 64E-6.003, FAC

v 1.1.4

AP1804825

SE1658922

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0143

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

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

SEE ATTACHED
SITE PLAN

REVISED
2/28/22

Submitted by:

Ex Price

Not Approved

ES2

Columbia

Date 3/10/22

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

