



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

PERMIT #: 12-SC-2892712
APPLICATION #: AP2065485
DATE PAID: 4/19/24
FEE PAID: 30.00
RECEIPT #: _____
DOCUMENT #: PR2079834

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: AMY**24-0326 SMITH
PROPERTY ADDRESS: 3431 SW CUSTOM MADE Lake City, FL 32024
LOT: 3 BLOCK: _____ SUBDIVISION: Oaks of Lake City PH1
PROPERTY ID #: 09280-103 [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 [1,200] GALLONS / GPD New Multi-Chambered 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 [575] 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 oak S of site
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [38.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] 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 460 gpd.

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor
APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 04/26/2024 EXPIRATION DATE: 10/26/2025

KR-5/2/24

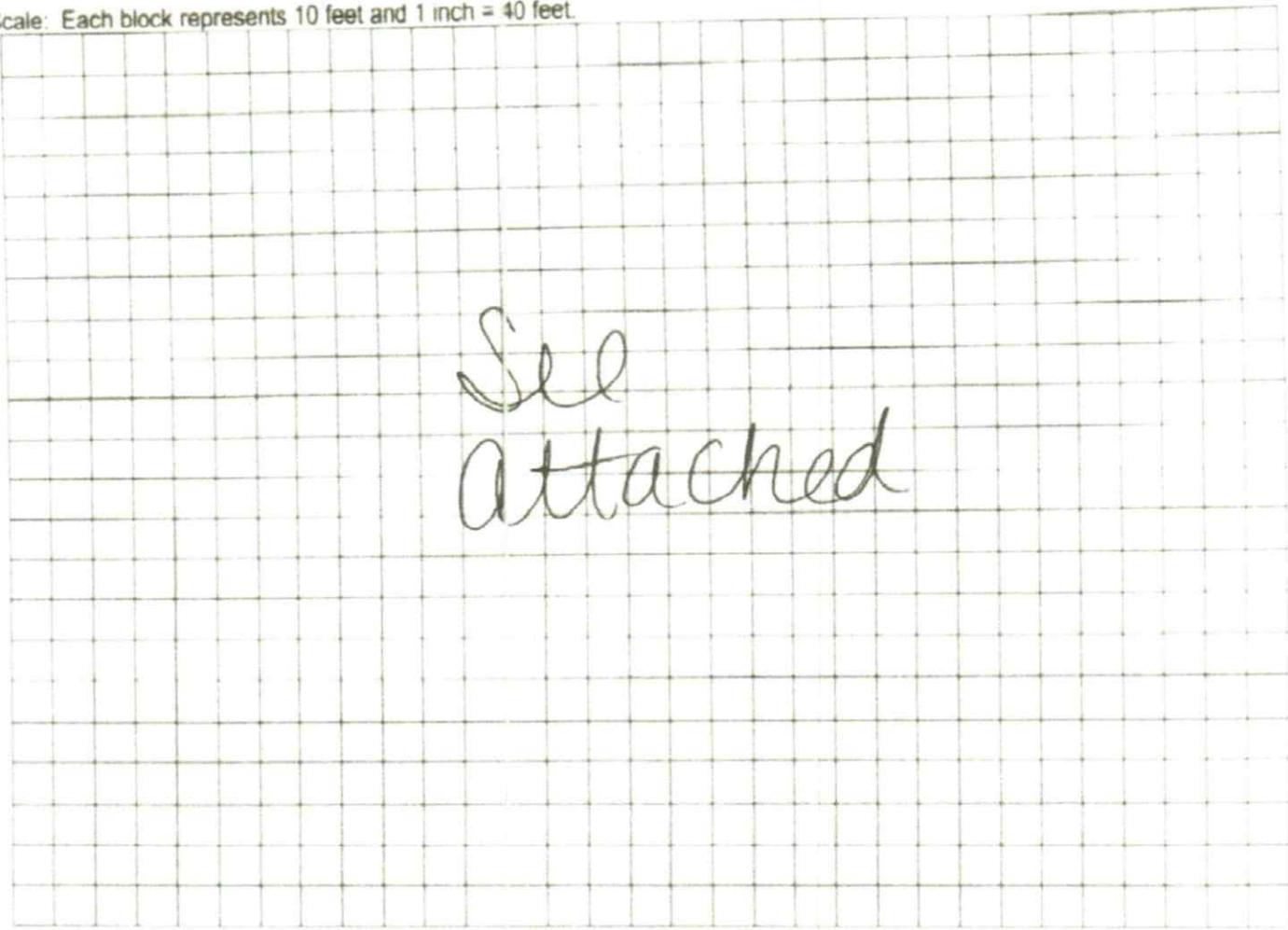
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0324

Smith

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

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



*See
attached*

Notes _____

Site Plan submitted by: *William P. Bishop II* *master contractor*
Plan Approved Not Approved _____ Date *4/25/24*
By *[Signature]* *ES- Columbia* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

↑N

24-0326 Smith
lin=100 ft.
4-3-24



William A. Bishop II