



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 24-0782
DATE PAID: 310.00
FEE PAID: 102312
RECEIPT #: 2162110

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: DANIEL THOMAS

EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: 7 BLOCK: _____ SUBDIVISION: WESTWIND ESTATES PLATTED: _____

PROPERTY ID #: 07-4S-16-02791-107 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 6.3 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: TBD SW MADISON CT, LAKE CITY FL

DIRECTIONS TO PROPERTY: Hwy 90 west to Finemant +1L follow to Sw madison ct +1L to end on left.

BUILDING INFORMATION

[] RESIDENTIAL [] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	MH	4	2280	
2				
3				
4				

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

SIGNATURE: _____

DATE: 10-21-2024

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

1"=60

Permit Application Number 24-0782

PART II - SITEPLAN

Thomas

See Att

Notes: _____

Site Plan submitted by: Robert Ford GGG 10-21-2024

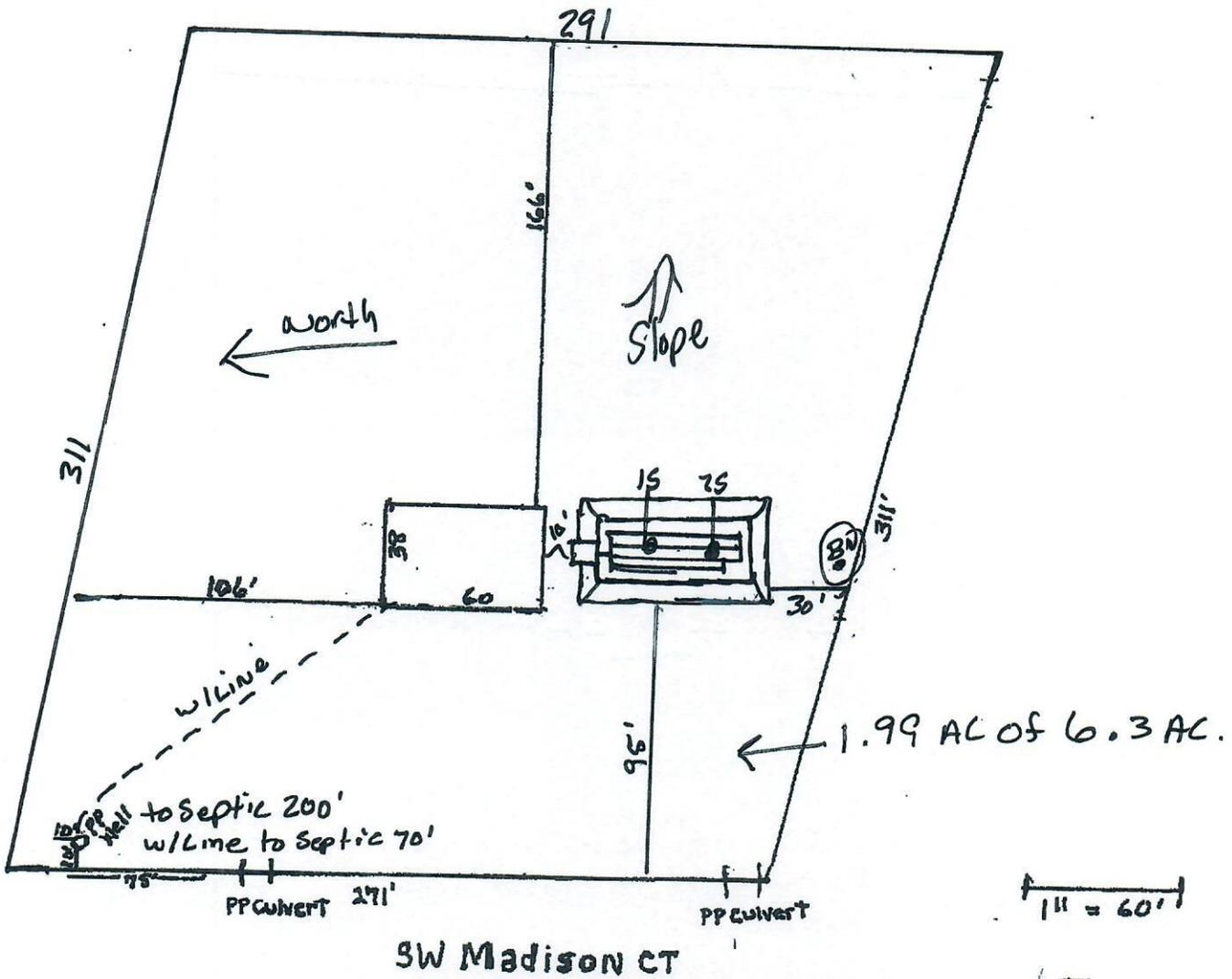
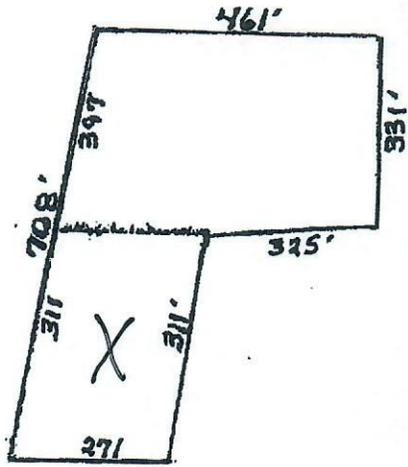
Plan Approved Not Approved _____
By [Signature] Date 10/25/24
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

1" = 60'
10-21-2024
Rokawade

24-0780



Thomas



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

EMAILED
NFS 10/30/24

PERMIT #: 12-SC-3019177
APPLICATION #: AP2162412
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2171669

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DANIEL**24-0782 THOMAS
PROPERTY ADDRESS: SW MADISON Ct Lake City, FL 32024
LOT: 7 BLOCK: _____ SUBDIVISION: WESTWIND
PROPERTY ID #: 02791-107 [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 _____ Septic tank _____ 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: [] STANDARD [x] FILLED [] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: 4" post S. of site.
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [25.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [17.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 10/25/2024 EXPIRATION DATE: 04/25/2026

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

K/R