

SSO 138303772

Locked gate
Call Customer
904-759-6272STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)PERMIT NO. 23-0359
DATE PAID: 5/18/23
FEE PAID: 425.00
RECEIPT #: 106528

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Matthew Russell / Jack Russell EMAIL: provisionpermitting@gmail.com

AGENT: Sonja North 863-517-5701 TELEPHONE: 904-759-6272

MAILING ADDRESS: 3786 NW Falling Creek Rd Lake City FL 32055

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 PLATED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 19-2S-17-04736-003 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 13.23 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 3722 NW Falling Creek Rd Lake City FL 32055

DIRECTIONS TO PROPERTY: R on NW main Blvd at traffic circle take the 1st exit onto US Hwy 41 N, R on NW Falling Creek Rd, property on L

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	Mobile Home	2	1128	(1008 living)
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Sonja North DATE: _____



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

PERMIT #: 12-SC-2709118
APPLICATION #: AP1966528
DATE PAID: 5/18/23
FEE PAID: 425.00
RECEIPT #: _____
DOCUMENT #: PR1940548

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: MATTHEW**23-0359 RUSSELL
PROPERTY ADDRESS: 3722 NW FALLING CREEK Lake City, FL 32055

LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 04736-003 [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 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 [250] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in oak w/ green tape.

I ELEVATION OF PROPOSED SYSTEM SITE [25.00] [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: [18.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.
T
H ---Lift station may be required if gravity cannot be achieved.
E **Remove all Organic surface material from DF site prior to construction of the Filled / Mound **(Include L&W of shoulder/slopes).
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD

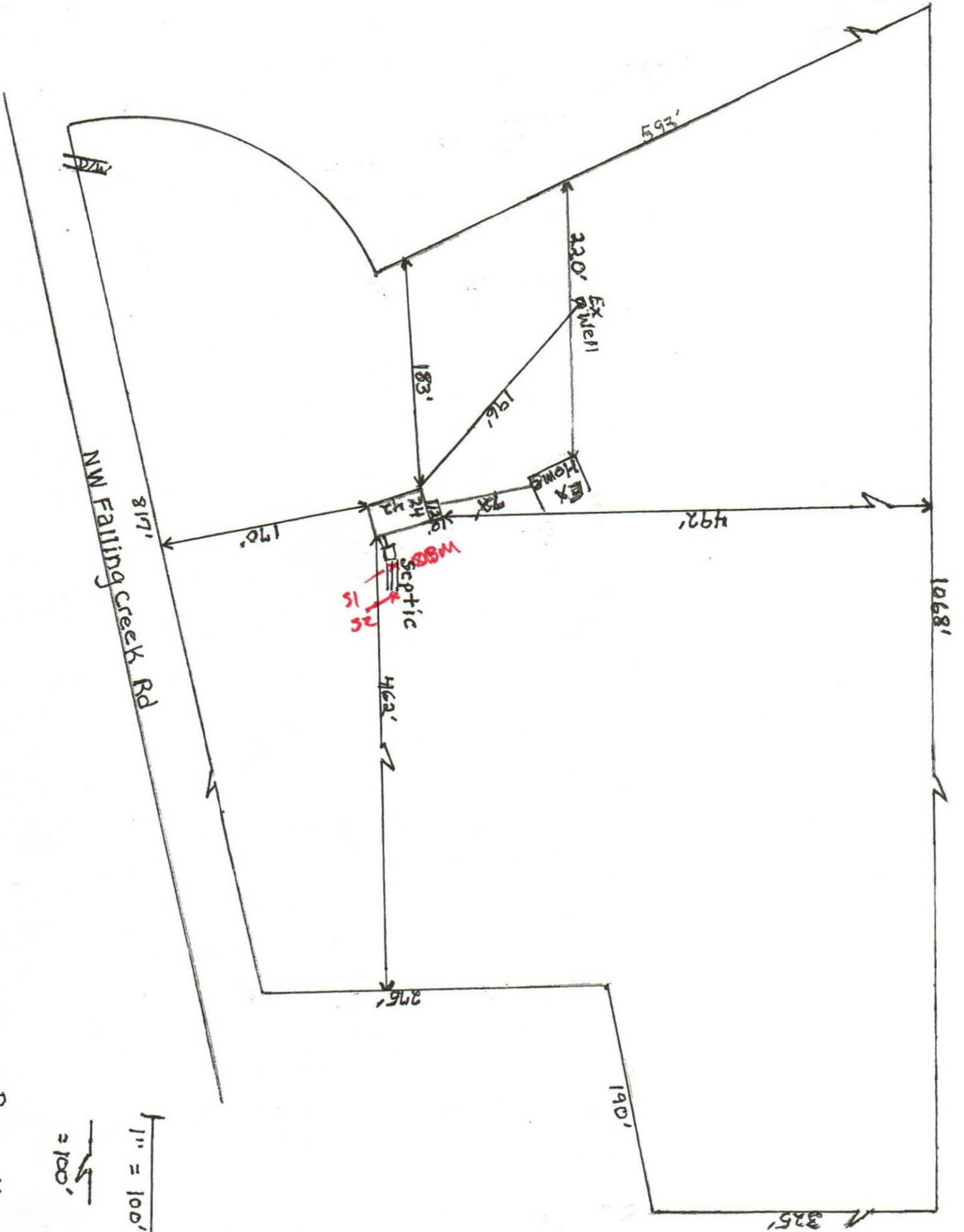
DATE ISSUED: 05/26/2023 EXPIRATION DATE: 11/26/2024

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

Incorporated: 64E-6.003, FAC

[Signature]

23-0359



1" = 100'
= 100'

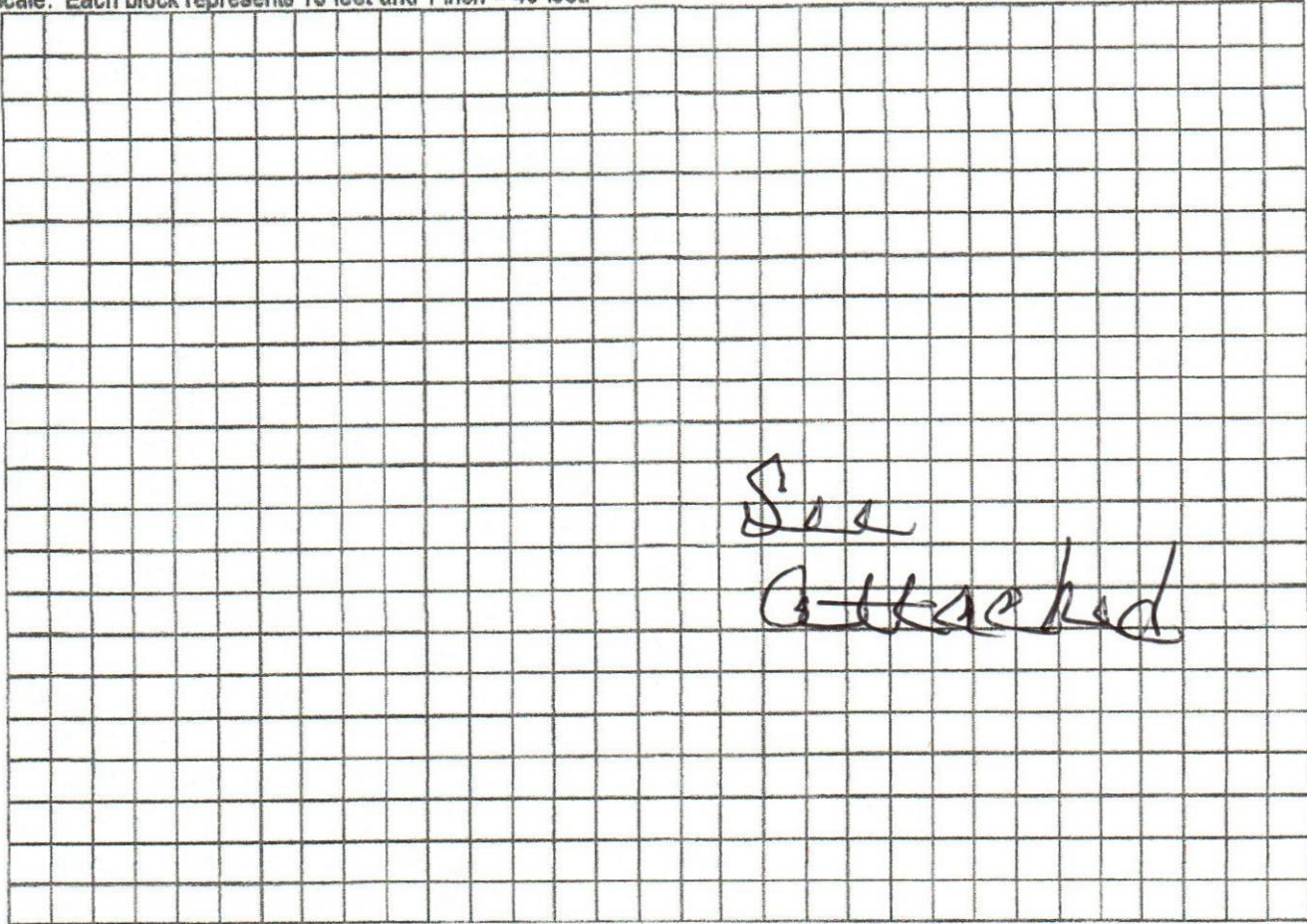
Russell

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0359

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

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



See Attached

Notes: _____

Site Plan submitted by: Scrap North

Plan Approved ☒ Not Approved _____ Date 5/20/23
By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT