

May 23 13 02:48p

North FI Septic Tank

386 961 8770

p.3

386 758 2187

ENVIROMENTAL HEALTH

11:01:04 a.m. 05-23-2013

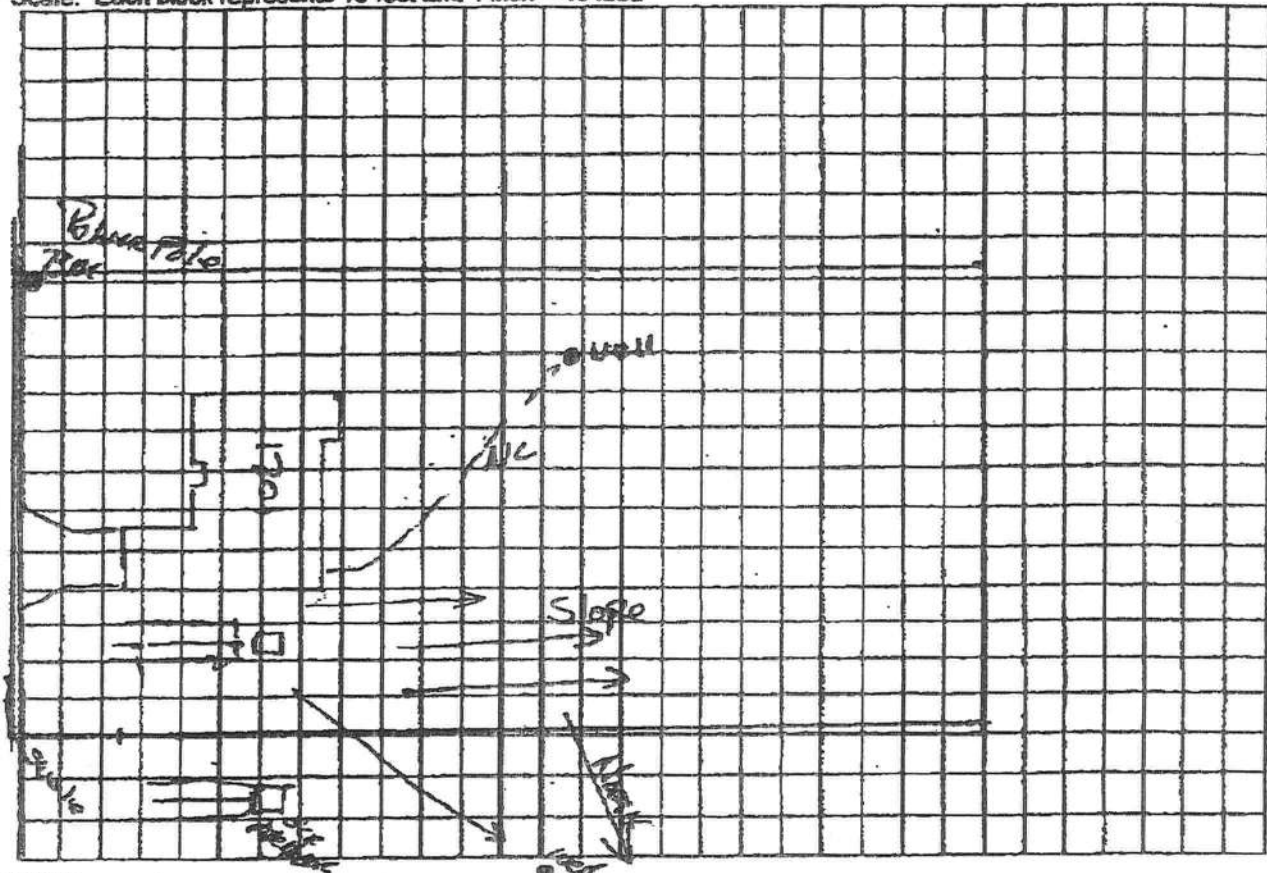
3/3

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 13-1301

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

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



Notes:

Pete GieburgLOT 44 MAYFAIR UNIT 3Site Plan submitted by Robert W. Juel 5/14/13Plan Approved ✓

Not Approved

Columbia CHDDate 5/17/13
County Health DepartmentBy [Signature]**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**DH 4015, 0809 (Obsolesces previous editions which may not be used) Incorporated: 04E-0.001, FAC
(Stock Number: 5744-002-4015-5)

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

PERMIT NO. 13-8301
DATE PAID: 5/21/13
FEE PAID: 370.00
RECEIPT #: 148755

APPLICATION FOR:

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

APPLICANT: Pete Giering (Shawie DASHNAT)AGENT: ROBERT FORD NFST INCTELEPHONE: 755-6372MAILING ADDRESS: 580 NW Guerdon Rd LC 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) (a) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (PD/DD/TT) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 44 BLOCK: PH 3 SUBDIVISION: MAYFAIR PLATTED: 1993PROPERTY ID #: 11-45-16-02911-344 ZONING: SE I/M OR EQUIVALENT: ☒ Y ☐ NPROPERTY SIZE: 0.670 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, YES ☒ Y ☐ NDISTANCE TO SEWER: NA FTPROPERTY ADDRESS: 532 SW MAYFAIR LANEDIRECTIONS TO PROPERTY: Hwy 90 west to Hwy 247 T2 Follow To Mayfair LN TR Follow to Lot on left

BUILDING INFORMATION

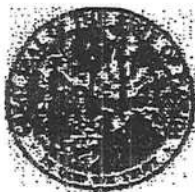
☒ RESIDENTIAL ☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>S/F Home</u>	<u>3</u>	<u>1701</u>	<u>Hold As Conditions 5123113 G</u>
2				<u>Revd 5123113 G</u>
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: Robert W FordDATE: 5/21/13

DE 4015, 03/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

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

PERMIT #: **12-SC-1473902**
APPLICATION #: **AP1108754**
DATE PAID: **572.113**
FEE PAID: **310.00**
RECEIPT #: **2142803**
DOCUMENT #: **PR907263**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: PETE*13-0301 GIEBEIG

PROPERTY ADDRESS: 532 SW MAYFAIR Ln Lake City, FL 32025

LOT: 44 BLOCK: _____ SUBDIVISION: MAY-FAIR PH-3

PROPERTY ID #: 02911-344 [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 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 [375] 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 with pink ribbon in power pole

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] INCHES / FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [30.00] INCHES / FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

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

O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

T The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.

H

E

R

SPECIFICATIONS BY: Robert W Ford

TITLE: Master Contractor

APPROVED BY: _____

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 05/23/2013

EXPIRATION DATE: 11/23/2014

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

Incorporated: 64E-6.003, FAC

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v 1.1.4

AP1108754

35899363