



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

PERMIT #: 12-SC-2466312  
APPLICATION #: AP1802629  
DATE PAID: 2/10/22  
FEE PAID: 310.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1737371

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JAMES\*\*22-0104 BURKS

PROPERTY ADDRESS: 14682 N US HWY 441 Lake City, FL 32055

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY ID #: 04551-003 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
[OR TAX ID NUMBER]

*Family Homes*

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 [ 375 ] 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: Pine E. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 6.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: [ 36.00 ] INCHES EXCAVATION REQUIRED: [ 24.00 ] 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 \*\*Remove all Spodic material, excavation material is to NOT be used in or on system including slopes.

H *⊕ Lift station may be required ⊕*

R

SPECIFICATIONS BY: WILLIAM D BISHOP

TITLE: SA0890009; SM0081587

APPROVED BY: Dustin W Jones

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 02/18/2022

EXPIRATION DATE: 08/18/2023

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

Incorporated: 64E-6.003, FAC

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

PERMIT NO. 22-0104  
DATE PAID: 2/10/22  
FEE PAID: 378.00  
RECEIPT #: 1880427

APPLICATION FOR:

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

APPLICANT: JAMES BURKS (FAMILY HOMES)

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

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

LOT: -- BLOCK: -- SUBDIVISION: NA PLATTED: ---

PROPERTY ID #: 20-1S-17-04551-003 ZONING: --- I/M OR EQUIVALENT: ☒ No ☐

PROPERTY SIZE: 142.21 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ No ☐ DISTANCE TO SEWER: --- FT

PROPERTY ADDRESS: 14682 N US HWY 441, LAKE CITY FLA

DIRECTIONS TO PROPERTY: 441 N TO SITE ON LEFT FOLLOW TO BACK OF PROPERTY ON LEFT

GATE CODE #1982

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	MH	3	1958	Site in Zone X
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) ---

SIGNATURE: Robert Ford

DATE: 2-8-2022

DE 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC



Permit Application Number 22-0104

BURKS

PART II - SITEPLAN

[illegible]

Notes:

1 of 142 Acres SEE ATTACHED

Site Plan submitted by:

Plan Approved

Not Approved

Date \_\_\_\_\_

County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
(Stock Number: 5744-002-4015-6)

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0104

BURKS

See attach-  
ment

to:

Plan submitted by: Robert W. Jones III Date 2-8-2022

Approved X

Not Approved

Date 2/18/22

Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT