



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

PERMIT #: 12-SC-2448135
APPLICATION #: AP1786822
DATE PAID: 11/19/22
FEE PAID: 710.00
RECEIPT #: _____
DOCUMENT #: PR1721320

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JAMES **22-0050 CONNER

PROPERTY ADDRESS: 337 SW SLASH Lake City, FL 32024

LOT: 8 BLOCK: _____ SUBDIVISION: Forest Country

PROPERTY ID #: 03048-008 [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 [400] GALLONS / GPD Aerobic Unit CAPACITY
A [] GALLONS / GPD _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS 3[] DOSES PER 24 HRS #Pumps []

D [282] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET _____ SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

N _____

F LOCATION OF BENCHMARK: Nail in oak E. of site

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

E BOTTOM OF DRAINFIELD TO BE [42.00] 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 ***System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting/fee
E also required.
R

SPECIFICATIONS BY: WILLIAM D BISHOP

TITLE: SA0890009; SM0081587

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

DATE ISSUED: 01/21/2022

EXPIRATION DATE: 07/21/2023

DA 4916, 08/09 (obsoletes all previous editions which may not be used)

Incorporated: 64X-6.003, FAC