## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

21-0742 Permit Application Number ------ PART II - SITEPLAN -icale: Each block represents 10 feet and 1 inch = 40 feet. Notes: Site Plan submitted by: Owner: Date: Plan Approved\_ Not Approved\_\_\_ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT #: 12-SC-2367446

APPLICATION #: AP1728611

DATE PAID: 9/3/2021

FEE PAID: 3/00

RECEIPT #: 12-P10-5202299

DOCUMENT #: PR1647017

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: HELGA**21-0742 KOENIG	
PROPERTY ADDRESS: NW TAYLOR MAGEE Lake City, FL 32055	1
LOT: 14 BLOCK: SUBDIVISION: Pines at Falling Creek	e e brita bida
PROPERTY ID #: 04800-114 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	CEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDAY 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES ATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	S NOT GUARANTER MATERIAL FACTS TO MODIFY THE NULL AND VOID
SYSTEM DESIGN AND SPECIFICATIONS	
T [ 1,050 ] GALLONS / GPDNew Septic CAPACITY	
A [ ] GALLONS / GPD N/A CAPACITY	
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GAL	LONS]
K [ 300 ] GALLONS DOSING TANK CAPACITY [67.00 ]GALLONS @[ 6 ]DOSES PER 24 HRS	#Pumps [ 1 ]
D [ 500 ] SQUARE FEET New drainfield SYSTEM	
R [ ] SQUARE FEETN/ASYSTEM	
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]	
CONFIGURATION: [X] TRENCH [ ] BED [ ]	
N .	
F LOCATION OF BENCHMARK: Nail in pine tree S of site	
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES   FT ] [ ABOVE   BELOW ] BENCHMARK/R	EFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [ 6.00 ] [ INCHES   FT ] [ ABOVE   BELOW ] BENCHMARK/R	
[ 0.00 ][ INCHES ] FI ][ ABOVE/[BELOW] BENCHMARK/R	EFERENCE POINT
D FILL REQUIRED: [36.00] INCHES EXCAVATION REQUIRED: [ ] INCHES	
The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimate	d flow of
400 gpd. Performing Lift Dosing. Pumps must be certified as suitable for distributing sewage effluent.	
H	
E I	1
R	
SPECIFICATIONS BY: William D Bishop II TITLE: Washen Continue	
William D Bishop II TITLE: Master Septic Contractor	
APPROVED BY:TITLE: Environmental Specialist II	Columbia CHD
DATE ISSUED: CROGERS EXPIRATION DATE:	03/08/2023
OH 4016, 08/09 (Obsoletes all previous editions which may not be used)	
Incorporated: 64E-6 003 FAC	Page 1 of 3



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

PERMIT NO 1-0742
DATE PAID: 9130
RECEIPT #: 17284

APPLICATION F	OR CONSTRUCT	ION PERM	IT		1000
APPLICATION FOR:  [	isting System	[ ]	Holding Tank Temporary	[ ]	1
APPLICANT: HELGA KOENIG (IRON	WOOD)				
AGENT: ROBERT FORD III- NORTH FL	ORIDA SEPTIC TA	NK INC	TELI	EPHONE:	386-755-6372
MAILING ADDRESS: 741 SE STATE R	OAD 100, LAKE CI	TY FLA 32025	5		
TO BE COMPLETED BY APPLICANT OF BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUESTION	TO 489.105(3)( PROVIDE DOCUME ING CONSIDERATI	(m) OR 489 INTATION OF ION OF STATE	.552, FLORIDA S F THE DATE THE FUTORY GRANDFAT	TATUTES LOT WAS	S. IT IS THE S CREATED OR OVISIONS
PROPERTY INFORMATION				======	
LOT: 14 BLOCK: - ST	JBDIVISION: PIN	NES OF FALL	ING CREEK	PI	LATTED:
PROPERTY ID #: 30-2S-17-04800-114					
PROPERTY SIZE: 1.47 ACRES W	ATER SUPPLY: [	] PRIVAT	TE PUBLIC [ ]	<=2000G	PD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.	0065, FS? [ No	<b></b> ]	DISTANO	CE TO SI	EWER: FT
PROPERTY ADDRESS: TBD NW TAYLO					
DIRECTIONS TO PROPERTY:	n Madis	mst	- Road c	han	resto
NW Modison St. TO Rd JR Taylor Mao	Ron 411	J, TRC	n NW F	allir	ig Creek
BUILDING INFORMATION	[ ] RESIDENTI	AL	[ ] COMMERCIA	L	
Unit Type of No Establishment	No. of Buil Bedrooms Area	ding Com	mercial/Institutele 1, Chapter	utional 64E-6,	System Design FAC
1 MOBILE HOME	4 1813				
2					
3					
4					
[ ] Floor/Equipment Drains	[ ] Other (S	Specify)			
SIGNATURE: BOUCH W.		$\lambda$	n	ATE.	1/2/21

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