



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

PERMIT NO. 22-0397  
DATE PAID: 5/4/22  
FEE PAID: 310.00  
RECEIPT #: 1832429

APPLICATION FOR:

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

APPLICANT: DELTA OMEGA PROPERTIES INC (TRENT G)

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: 8 BLOCK: PH 1 SUBDIVISION: CROSSWINDS PLATTED: \_\_\_\_\_

PROPERTY ID #: 24-4S-16-03117-108 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ No ☐

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 157 SE ERSKINE CT, LAKE CITY FLA

DIRECTIONS TO PROPERTY: TL ON SISTER WELCOME RD, BEAR L ON KICKLIGHTER TER,

ROAD NAME CHANGE TO CONNOR CREEK TR TO STAY ON CHESTERFIELD TR ON ERSKINE CT TO 157

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	NEW HOME	3	1595	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Robert Ford III

DATE: 5-1-2022

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

1"=25'

Permit Application Number 22-0397

Lot B - CROSSWINDS

SEE ATT.

See:

Plan submitted by: Robert W. Ford, III Date 5-1-2022

Approved ☒

Not Approved ☐

Columbia CHD

Date 5/6/22

County Health Department

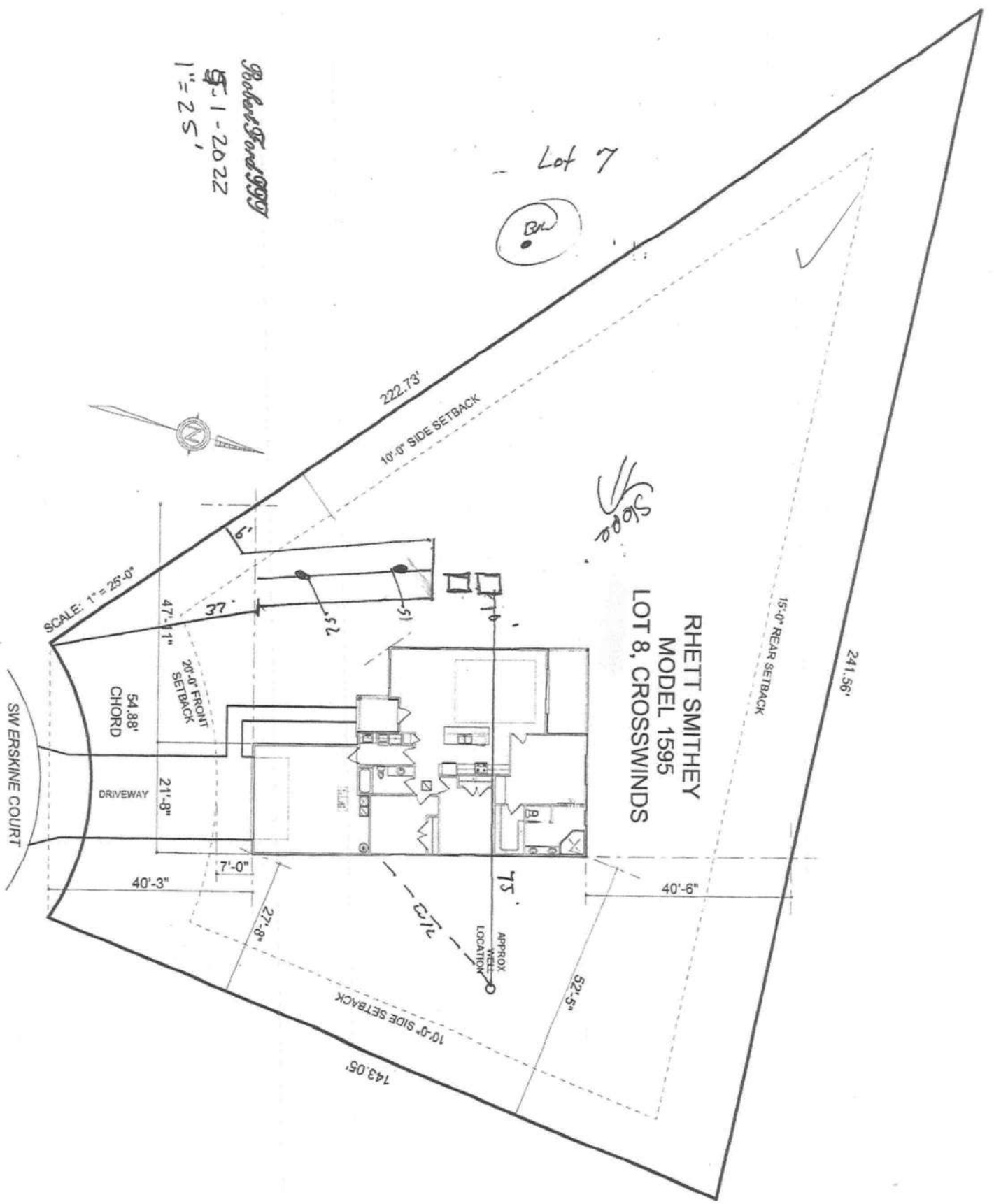
**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

16, 02/02 (Obsoletes previous editions which may not be used) Incorporates 04E-0001, FAG  
Number 8744-002-0018-01

22-D397

Robert Smith 999  
5-1-2022  
1" = 25'

Lot 7  
BL



Slope

RHETT SMITHEY  
MODEL 1595  
LOT 8, CROSSWINDS

SWERSKINE COURT

SCALE: 1" = 25'-0"

54.88'  
CHORD

DRIVEWAY

47'-11"

20'-0" FRONT  
SETBACK

21'-8"

40'-3"

27'-8"

10'-0" SIDE SETBACK

143.05'

222.73'

10'-0" SIDE SETBACK

15'-0" REAR SETBACK

241.56'

APPROX  
WELL  
LOCATION

75'

40'-6"

52'-5"



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

PERMIT #: **12-SC-2505177**  
APPLICATION #: **AP1832679**  
DATE PAID: **5/4/22**  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: **PR1764098**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DELTA\*\*22-0397 OMEGA PROPERTIES

PROPERTY ADDRESS: 157 SE ERSKINE Lake City, FL 32055

LOT: 8 BLOCK: \_\_\_\_\_ SUBDIVISION: Crosswinds Phase I

PROPERTY ID #: 03117-108 [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 NSF 245 treatment 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 [ 282 ] 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: oak tree SW of site on lot 7.

I ELEVATION OF PROPOSED SYSTEM SITE [ 36.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 56.00 ] [ 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: Robert W Ford

TITLE: Environmental Specialist II

APPROVED BY: Dustin W Jones

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 05/06/2022

EXPIRATION DATE: 11/06/2023

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

Incorporated: 64E-6.003, FAC

Page 1 of 3