

SSOCOF #: \_\_\_\_\_ done by Ford's Septic on : \_\_\_\_\_ - 2020



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

PERMIT NO: 22-0354  
DATE PAID: 4/22/22  
FEE PAID: 310.00  
RECEIPT #: 1830110

APPLICATION FOR:

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

APPLICANT: DANIELLE RENEE STANGE & JUSTIN LEON DOUYLLIEZ

AGENT: Ronald Ford - Ford's Septic TELEPHONE: 386-755-6288

MAILING ADDRESS: 116 NW Lawtey Way Lake City, Florida 32055

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: 12 BLOCK: unit: 1 SUBDIVISION: CARTER ACRES PLATTED: \_\_\_\_\_

PROPERTY ID #: 01-3S-16-01910-013 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 6.25 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: NW ADRIENNE GLEN LAKE CITY, FLORIDA 32055

DIRECTIONS TO PROPERTY: HWY 41 NORTH. TURN RIGHT ON FALLING CREEK ROAD.

TURN LEFT ON ORBISON DRIVE. TURN LEFT ON ADRIENNE GLEN. 911 ADDRESS PENDING

PROPERTY ON RIGHT JUST PAST HOME # 215.

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	MOBILE HOME	4	2514	HEATED / COOLED SQUARE FEET
2			( <u>2514</u> )	TOTAL SQUARE FEET )
3				
4				

[ ] Floor/Equipment Drains    [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Rc Ford Ronald Ford - RONALD FORD

DATE: 4-20-2022





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

PERMIT #: 12-SC-2501303  
APPLICATION #: AP1830110  
DATE PAID: 4/22/22  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1763476

CONSTRUCTION PERMIT FOR: OSTDS Existing New  
APPLICANT: DANIELLE\*\*22-0354 STANGE  
PROPERTY ADDRESS: NW ADRIENNE Lake City, FL 32055  
LOT: 12 BLOCK: \_\_\_\_\_ SUBDIVISION: Carters Acres  
PROPERTY ID #: 01910-013 [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 [ 1,050 ] GALLONS / GPD \_\_\_\_\_ Septic Tank CAPACITY  
A [ ] GALLONS / GPD \_\_\_\_\_ N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ 300 ] GALLONS DOSING TANK CAPACITY [ 67.00 ] GALLONS @ [ 6 ] DOSES PER 24 HRS #Pumps [ 1 ]

D [ 500 ] 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: Nail in oak Green tape  
I ELEVATION OF PROPOSED SYSTEM SITE [ 14.00 ] [ INCHES ] / FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 4.00 ] [ INCHES ] / FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 28.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of  
T 400 gpd. Performing Lift Dosing. Pumps must be certified as suitable for distributing sewage effluent.  
H \*\*Keep system up above the Sandy Clay (SC) to keep from sizing system per SC loading rate of .35.  
E  
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

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

DATE ISSUED: 05/04/2022 EXPIRATION DATE: 11/04/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

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

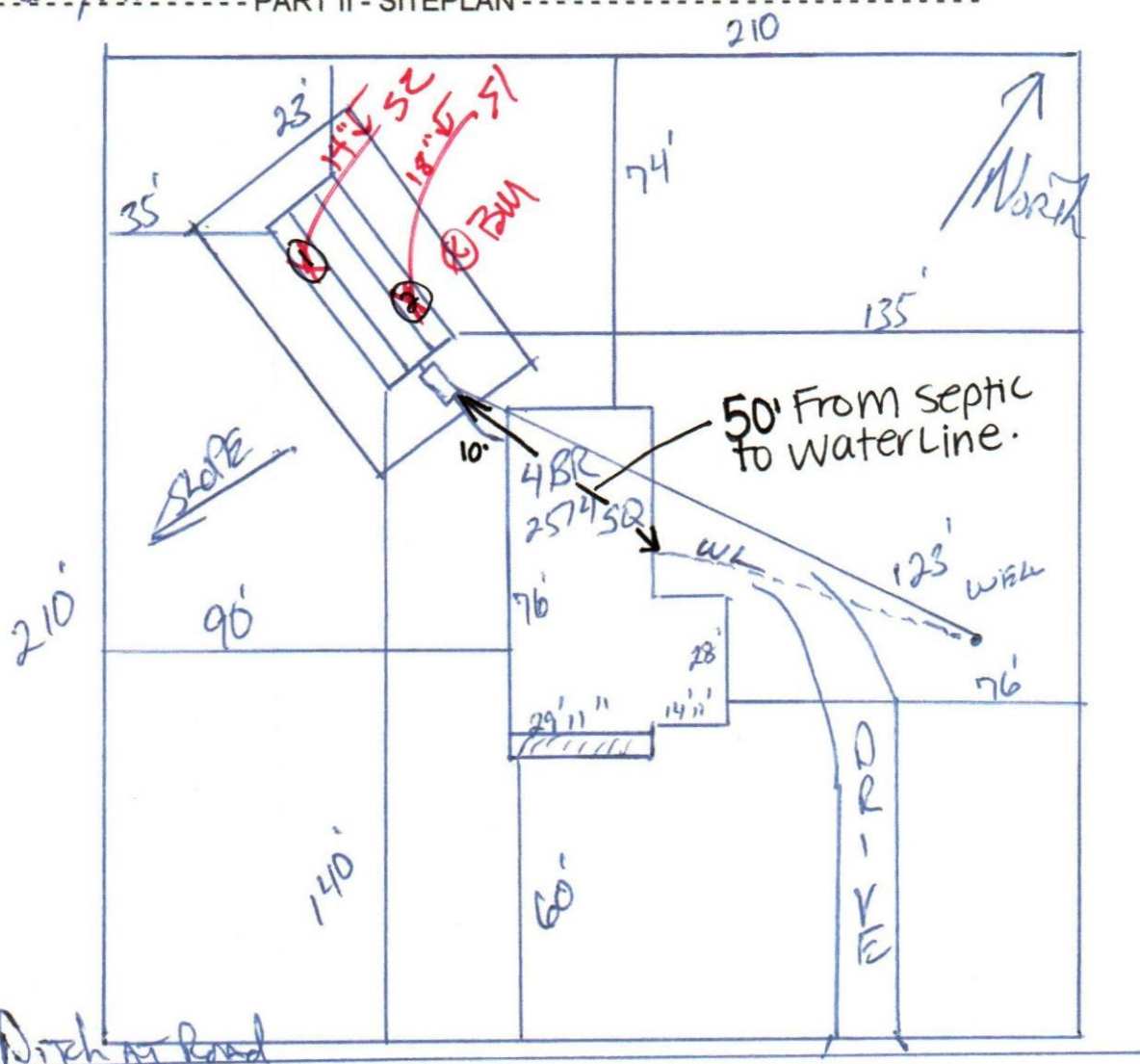
Permit Application Number

22-0354

STANGE & Dwyllitz

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

1 of 6.25 Acres SEE ATTACHED

Site Plan submitted by

Plan Approved

By

Not Approved

CONTRACTOR

Date

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT