



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

PERMIT #: **12-SC-2846605**
APPLICATION #: **AP2037043**
DATE PAID: **2.1.24**
FEE PAID: **710.00**
RECEIPT #:
DOCUMENT #: **PR2044146**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: RON**24-0096 JOHNSON
PROPERTY ADDRESS: 726 SW LONCALA Fort White, FL 32038
LOT: 15 BLOCK: B SUBDIVISION: Ichetucknee Forest U-2
PROPERTY ID #: 00502-215 [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 [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 [250] 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: Pine N. of site.
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [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 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 200 gpd.

T
H Per contractor customer wants system to be sized @ 400gpd w/ 1050 gal septic tank and 500sqft of primary drainfield
E for future home build.
R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 02/09/2024 EXPIRATION DATE: 08/09/2025
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

FW

PERMIT NO. 24-0046
DATE PAID: 2-1-24
FEE PAID: 310.00
RECEIPT #: 2037043

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Ron Johnson EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372

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

OSTDS REMEDIATION PLAN? ☐ Y ☒ N

LOT: 15 BLOCK: B SUBDIVISION: Ph II Ichetuckee Forest P2 PLATTED: _____

PROPERTY ID #: 02-05-15-00502-215 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 726 SW Loucalle Loop, Fort White FL

DIRECTIONS TO PROPERTY: SR 247 to CR 240 t/c to Ichetuckee AVE t/c

Follow to CR 238 t/c. go straight on to Old Spanish Rd go to the
first Loucalle loop t/c to site on left.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>KV</u>	<u>1</u>	<u>740</u>	
2	<u>Storage Bld.</u>	<u>0</u>	<u>1800</u>	<u>RJ-02/09/2024</u>
3	<u>Utility Bld.</u>	<u>0</u>	<u>360</u>	<u>RJ-02/09/2024</u>
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert Ford DATE: 1-29-2024

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

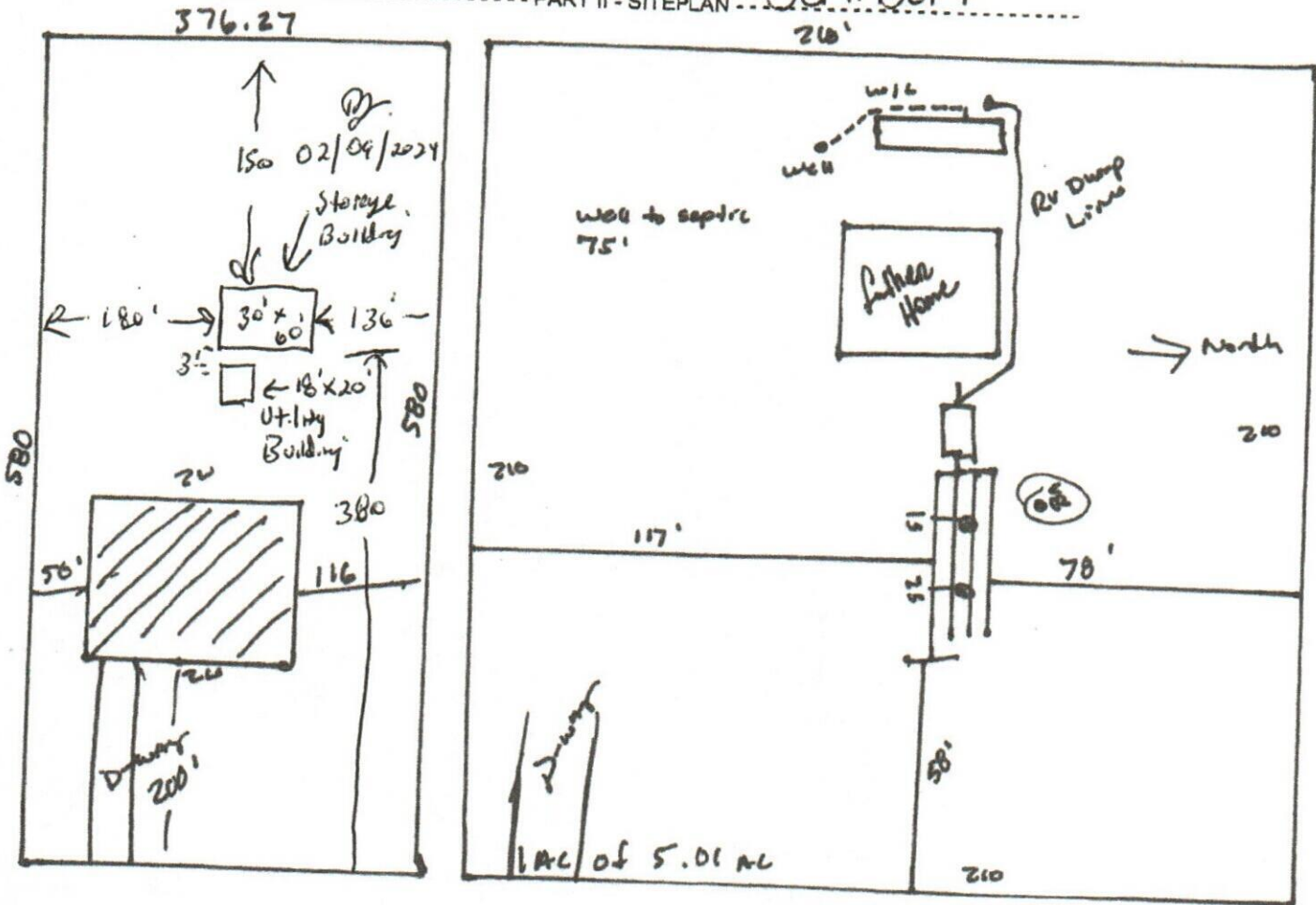
1" = 40'

Permit Application Number

24-0094

Johnson

PART II - SITEPLAN



Site Plan submitted by:

Robert Hand

1-29-2024

Plan Approved

Not Approved

Date 2/7/24

By

ES2

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, F.A.C.