



PERMIT NO. 24-0102
DATE PAID: 2/8/24
FEE PAID: 210.00
RECEIPT #: 2038205

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Stars and Stripes Mobile Home Sales, Inc.

EMAIL: liveoakspoiled@aol.com

AGENT: Suwannee Septic and Sitework

TELEPHONE: 239-910-7555

MAILING ADDRESS: 18081 185th Rd Live Oak, FL 32060

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: 3 BLOCK: SUBDIVISION: Pine Ridge Estates PLATTED: 11/19/1981

PROPERTY ID #: 27-3S-16-02323-003 ZONING: Res I/M OR EQUIVALENT: [☐/☒

PROPERTY SIZE: 1.00 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒]

DISTANCE TO SEWER: 500+ FT

PROPERTY ADDRESS: 312 NW Wilks Ln Lake City FL 32055

DIRECTIONS TO PROPERTY: Turn right on Hwy 90 heading West. Turn right on NW Lake City Ave. Turn left on NW Wilks Ln. Property will be on the 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
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1	Manufactured home	4	1456	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: John Watson DATE: 1/22/2024

Permit Application Number _____

----- PART II - SITEPLAN -----

Stars & Stripes

A full page of blank graph paper with a uniform grid of small squares. The grid covers the entire area below the header.

Site Plan submitted by:

Plan Approved

Not Approved

Date, _____

By.

County Health Department

Page 2 of 4

NW Wilks Ln

24-0105

Valent

257.03'

168'

0-2%
slope

4 BD MH

Proposed 1050
gallon tank
approved for
ATU

Bm

S101
S102

Proposed
500 ccf ft of landfill

0-2%
slope

well

Stars and Stripes
Mobile Home Sales Inc.
312 NW Wilks Ln
Lake City, FL 32055
27-35-16-02323-
003

Proposed home
w/ septic & well

258.16'

Dale Witter
1/24/24

well

168'

No offsite features
within 75'



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

PERMIT #: 12-SC-2849003
APPLICATION #: AP2038705
DATE PAID: 28.27
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR2044968

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: STARS**24-0105 & STRIPES MH
PROPERTY ADDRESS: 312 NW WILKS Lake City, FL 32055
LOT: 3 BLOCK: _____ SUBDIVISION: Pine Ridge
PROPERTY ID #: 02323-003 [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 [500] GALLONS / GPD Aerobic Unit 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 [375] SQUARE FEET drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

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

F LOCATION OF BENCHMARK: Nail with orange spray paint in tree W of proposed system

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE / [X] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES] FT [] ABOVE / [X] BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] 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 400 gpd.

T Nitrogen-reducing NSF-245 certified aerobic treatment unit to meet springs protection requirements. Operating permit and
H maintenance agreement required.
E
R

SPECIFICATIONS BY: Matthew Baker TITLE: OSTDS Private Inspector; Private Site

APPROVED BY: Sallie Ford TITLE: Environmental Health Director Columbia CHD

DATE ISSUED: 02/14/2024 EXPIRATION DATE: 08/14/2025

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC