

SSO 335005232



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

PERMIT NO. 20-0928
DATE PAID: 11/23/20
FEE PAID: 423.00
RECEIPT #: 1603764

APPLICATION FOR:

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

APPLICANT: Robin Durdan / Glenda Heft 384-454-3090
AGENT: Sonya Crews 813-517-5701 TELEPHONE: 352-405-2064
MAILING ADDRESS: 4169 SE Adams St High Springs, FL 32643

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: 10 BLOCK: _____ SUBDIVISION: Carmellas PLATTED: _____

PROPERTY ID #: 10-78-17-09970-002 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 4.23 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: 473 SE Adams St High Springs, FL 32643

DIRECTIONS TO PROPERTY: Head S on SE Hernando toward SE Camp St, R on SE Bay, L after McDonalds, R on FL-475, L on I-75, take exit 414, keep R at fork towards High Springs, R on US-415, L on SE Adams St, property on L (main address is 4169 SE Adams St)

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	<u>mobile home</u>	<u>3</u>	<u>1280</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Sonya Crews DATE: 11-23-2020



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

PERMIT #: 12-SC-2208579
APPLICATION #: AP1603766
DATE PAID: 11/30/20
FEE PAID: 425.00
RECEIPT #: _____
DOCUMENT #: PR1492309

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: GLENDAA**20-0938 HEFT
PROPERTY ADDRESS: 473 SE ADAMS High Springs, FL 32643
LOT: 6 BLOCK: _____ SUBDIVISION: CARMELLA
PROPERTY ID #: 09970-002 [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 New Multi-Chambered Septic 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 []

N
F LOCATION OF BENCHMARK: Nail in tree east of site

I ELEVATION OF PROPOSED SYSTEM SITE [33.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [61.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] 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
H
E
R
SPECIFICATIONS BY: Sean P Havens TITLE: Enviromental Specialist I
APPROVED BY: Sean P Havens TITLE: Enviromental Specialist I Columbia CHD
DATE ISSUED: 12/08/2020 EXPIRATION DATE: 06/08/2022

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

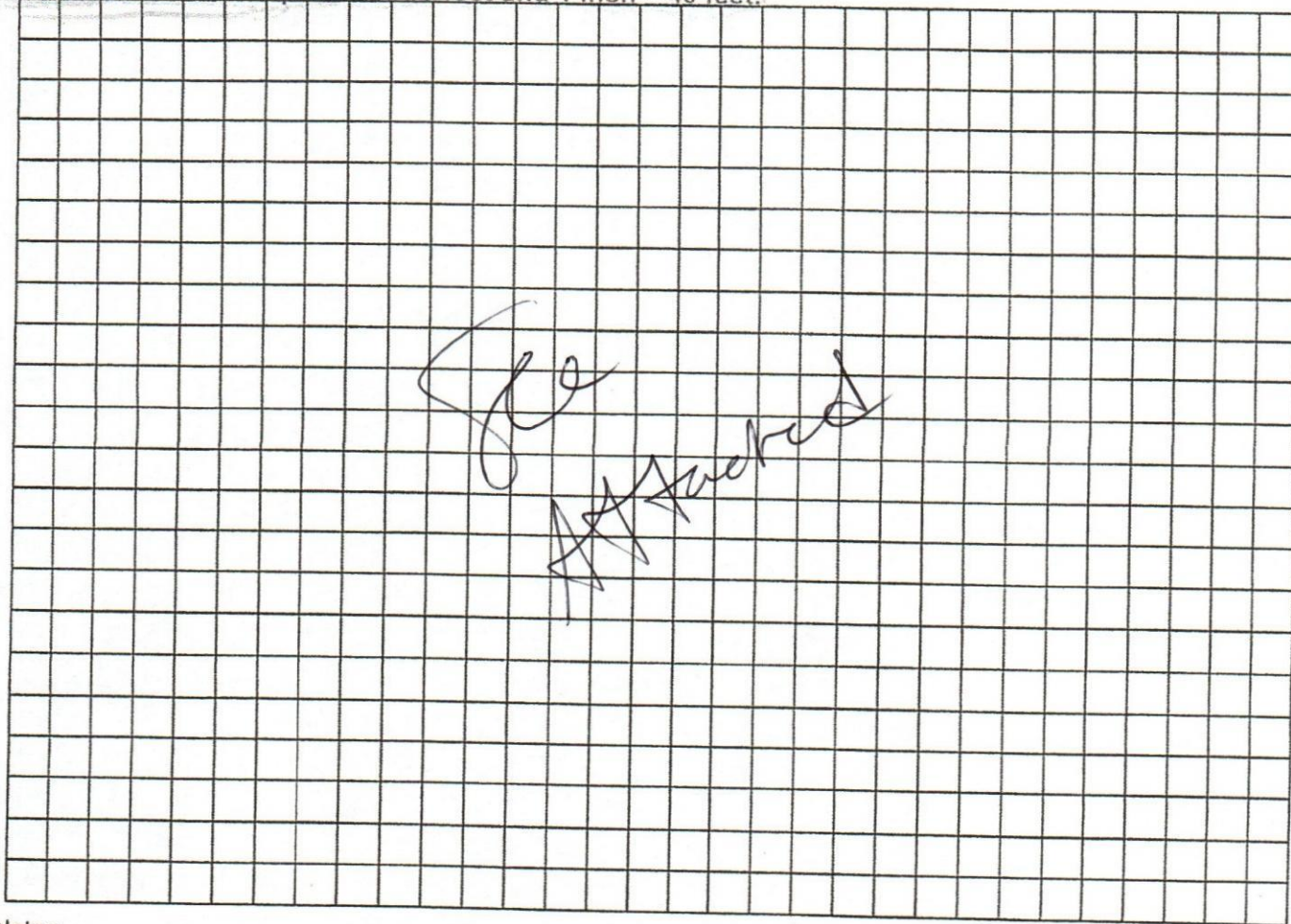
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20.0938

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Sonja Crews
Plan Approved ☒ Not Approved _____ Date 12.29.20
By Sally Lind Env Health Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0938

1" = 60'



291'

456'

629'

629'

Exwell

113'

195'

32'

48'

39'

52'

135'

SE Adams St

293'

Durden

DRIVE