

22-0357



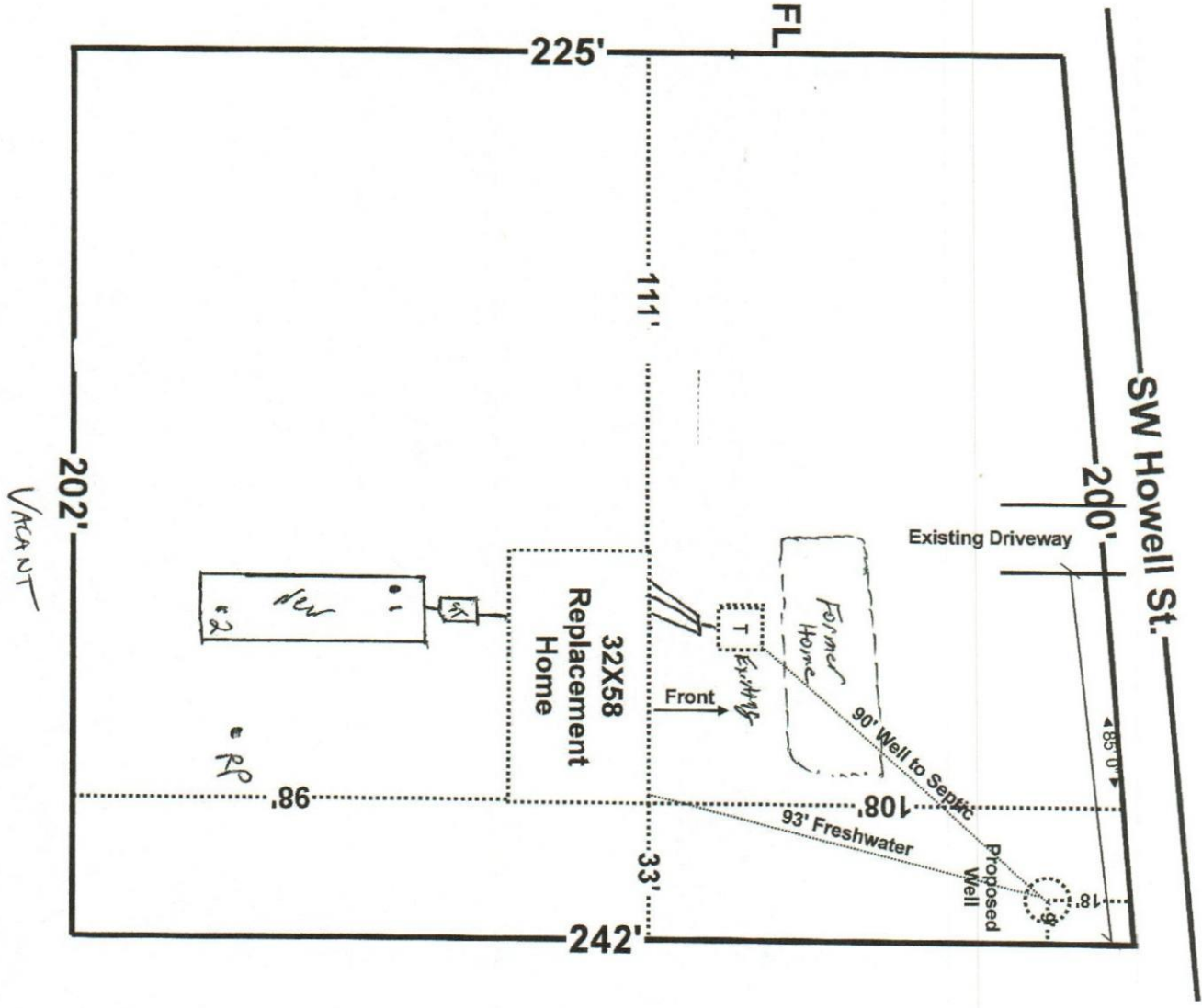
*[Signature]*  
4-6-22

Zach & Tiffany Redd  
Parcel: 09611-015  
1996 SW Howell St. Lake City, FL

1.11 Acres Columbia County  
Scale 1" = 40'

*[Signature]*

*[Signature]*  
Home  
21-2064  
4-19-22





STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM

PERMIT #: 12-SC-2501021  
APPLICATION #: AP1829892  
DATE PAID: 4/21/22  
FEE PAID: 310.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1762520

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: ZACH\*\*22-0357 REDD

PROPERTY ADDRESS: 1996 SW HOWELL Lake City, FL 32024

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY ID #: 09611-015

[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 w/ pink ribbon in oak near site

I ELEVATION OF PROPOSED SYSTEM SITE [ 27.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 39.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 6.00 ] 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: Kameron Keen TITLE: CEHP

APPROVED BY: Sean E. Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 04/29/2022 EXPIRATION DATE: 10/29/2023

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

Incorporated: 64E-6.003, FAC





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

FW

PERMIT NO. 22-0357  
DATE PAID: 310.00  
FEE PAID: 412.12  
RECEIPT #: 1829892

APPLICATION FOR:

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

APPLICANT: Zach + Tiffany Redd

AGENT: Jason Brent Wainwright

TELEPHONE: 386-418-0424

MAILING ADDRESS: 12426 NW US HWY 441 ARLANDER FL 32615

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 05-6S-17-09611-015 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 1.11 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 1996 SW Howell St. Lake City, 32024

DIRECTIONS TO PROPERTY: Take 41 S, just past 75, TR on Howell St. property on L just past Mann Terrace

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
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1	<u>NEW-SFR</u>	<u>3</u>	<u>1720</u>	
2				
3				
4				

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

SIGNATURE: [Signature]

DATE: 4-19-22

DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0357

PART II - SITEPLAN

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

Redd

See  
Attached

Notes:

Site Plan submitted by:

*Herman Dean*

Agent:

Owner:

Date:

4/19/22

Plan Approved

Not Approved

Date

4/25/22

By

*[Signature]*

ES2

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT