



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

PERMIT NO. 22-0397  
DATE PAID: 5/4/22  
FEE PAID: 310.00  
RECEIPT #: 1832429

APPLICATION FOR:

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

APPLICANT: DELTA OMEGA PROPERTIES INC (TRENT G)

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

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

LOT: 8 BLOCK: PH 1 SUBDIVISION: CROSSWINDS PLATTED: \_\_\_\_\_

PROPERTY ID #: 24-48-16-03117-108 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ No ☒

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☒ DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 157 SE ERSKINE CT, LAKE CITY FLA

DIRECTIONS TO PROPERTY: TL ON SISTER WELCOME RD, BEAR L ON KICKLIGHTER TER,

ROAD NAME CHANGE TO CANNON CREEK TR TO STAY ON CHESTERFIELD TR ON ERSKINE CT TO 157

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	NEW HOME	3	1595	
2				
3				
4				

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

SIGNATURE: Robert Ford III DATE: 5-1-2022

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

1"=25'

Permit Application Number

22-0397

Lot 8 - Crosswinds

SEE ATT.

cc:

Plan submitted by: Robert W. Ford, III Date 5-1-2022

Approved ☒

Not Approved ☐

Columbia CHD

Date 5/6/22

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

19, 08/07 (Obsolete previous editions which may not be used) IMMEDIATE 04E-0001, FAG  
Number 8744-002-0010-01

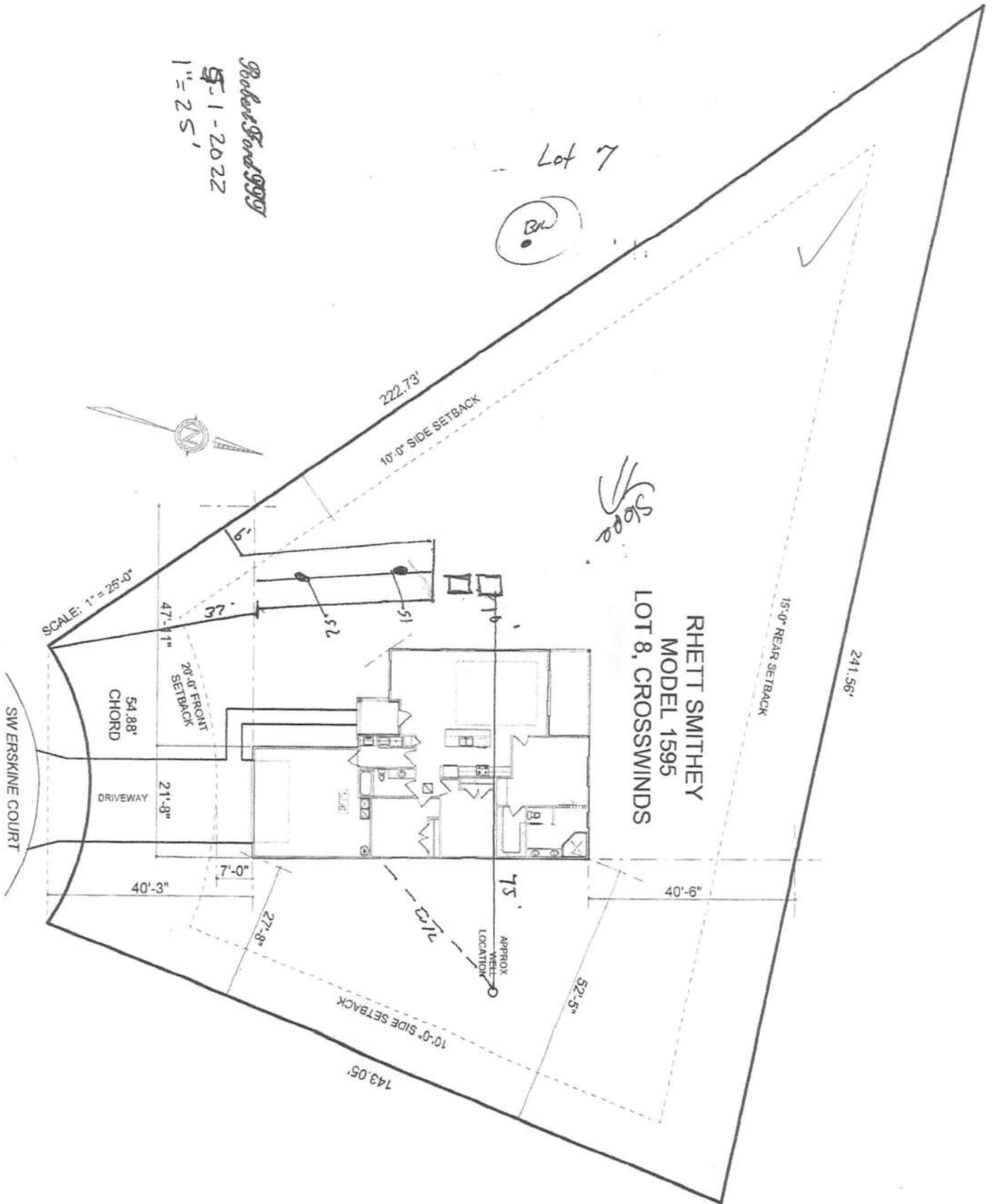
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22-D397

Lot 7



Robert Smith  
5-1-2022  
1" = 25'





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

PERMIT #: 12-SC-2505177  
APPLICATION #: AP1832679  
DATE PAID: 5/4/22  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1764098

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DELTA\*\*22-0397 OMEGA PROPERTIES

PROPERTY ADDRESS: 157 SE ERSKINE Lake City, FL 32055

LOT: 8 BLOCK: \_\_\_\_\_ SUBDIVISION: Crosswinds Phase I

PROPERTY ID #: 03117-108

[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 [ 400 ] GALLONS / GPD Aerobic Unit NSF 245 treatment 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 [ 282 ] 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: oak tree SW of site on lot 7.

I ELEVATION OF PROPOSED SYSTEM SITE [ 36.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 56.00 ] [ 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 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

T \*\*\*System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.  
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting/fee  
E also required.

E

R

SPECIFICATIONS BY: Robert W Ford

TITLE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

Dustin W Jones

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 05/06/2022

EXPIRATION DATE: 11/06/2023

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

Incorporated: 64E-6.003, FAC

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## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

24-4S-16-03117-108

Clerk's Office Stamp

Inst: 202212012171 Date: 06/22/2022 Time: 2:21PM  
 Page 1 of 1 B: 1469 P: 1345, James M Swisher Jr, Clerk of Court  
 Columbia, County, By: OA  
 Deputy Clerk

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description): LOT 8 CROSSWINDS S/D PHASE 1  
 a) Street (job) Address: 157 SW ERSKINE COURT LAKE CITY, FL. 32024
2. General description of improvements: NEW RESIDENTIAL CONSTRUCTION
3. Owner Information or Lessee information if the Lessee contracted for the improvements:  
 a) Name and address: DELTA OMEGA PROPERTIES INC 3454 SW CR 242 LAKE CITY, FL. 32024  
 b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_  
 c) Interest in property FEE SIMPLE
4. Contractor Information  
 a) Name and address: TRENT GIEBBO CONSTRUCTION INC 667 SE HOLLY TERRACE LAKE CITY, FL. 32025  
 b) Telephone No.: 386-397-0545
5. Surety Information (if applicable, a copy of the payment bond is attached):  
 a) Name and address: N/A  
 b) Amount of Bond: \_\_\_\_\_  
 c) Telephone No.: \_\_\_\_\_
6. Lender  
 a) Name and address: N/A  
 b) Phone No.: \_\_\_\_\_
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:  
 a) Name and address: N/A  
 b) Telephone No.: \_\_\_\_\_
8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:  
 a) Name: N/A OF \_\_\_\_\_  
 b) Telephone No.: \_\_\_\_\_
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): \_\_\_\_\_

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

STATE OF FLORIDA  
 COUNTY OF COLUMBIA

10. Rhett Smitley  
 Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

RHETT SMITHEY

Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, a Florida Notary,

this 20<sup>th</sup> day of JUNE, 2022, by: Rhett Smitley as OWNER  
 (Name of Person) (Type of Authority)

for Rhett Smitley who is personally known ☒ OR produced identification ☐  
 (name of party on behalf of whom instrument was executed)

Type ID \_\_\_\_\_

Notary Signature Elaine K Tolar (Notary Stamp or Seal)

