



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 22-0588  
DATE PAID: 6/30/22  
FEE PAID: 200.00  
RECEIPT #: 1855291

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Joann Cluckey EMAIL: nflseptic.tank@comcast.net

AGENT: Robert Ford III North Florida Septic Tank Inc TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE SR 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: 7 BLOCK: A SUBDIVISION: Country Lane Estates PLATTED: \_\_\_\_\_

PROPERTY ID # 21-2516-01770-107 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☐ N

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

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

PROPERTY ADDRESS: 292 NW Mule Way, Lake City FL

DIRECTIONS TO PROPERTY: 41N. FL on NW Baughn St. FL on NW Mule Way to 292

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

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	M/H	3	1344	
2				
3				
4				

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

SIGNATURE: Robert Ford III DATE: 6-27-2022





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



E-MAILED

NFL

PERMIT #: 12-SC-2533984  
APPLICATION #: AP1855391  
DATE PAID: 6/30/22  
FEE PAID: 205.00  
RECEIPT #:  
DOCUMENT #: PR1794963

CONSTRUCTION PERMIT FOR: OSTDS Existing Modification  
APPLICANT: JOANN\*\*22-0588 CLUCKEY  
PROPERTY ADDRESS: 292 NW MULE Lake City, FL 32055  
LOT: 7 BLOCK: A SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 01770-107 [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 Ex. Septic Tank CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ 300 ] GALLONS DOSING TANK CAPACITY [ 50.00 ] GALLONS @ [ 6 ] DOSES PER 24 HRS #Pumps [ 1 ]  
D [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]

N  
F LOCATION OF BENCHMARK: tree N of site.

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 6.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: [ 36.00 ] 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. Performing Lift Dosing. Pumps must be certified as suitable for distributing sewage effluent.  
Contractor is to add an additional 120sqft of drainfield to the existing 255sqft of drainfield to bring system up to current OSTDS standards.

SPECIFICATIONS BY: Robert W Ford TITLE: M. Ford

APPROVED BY: Dustin W. Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 07/05/2022 EXPIRATION DATE: 01/05/2024

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

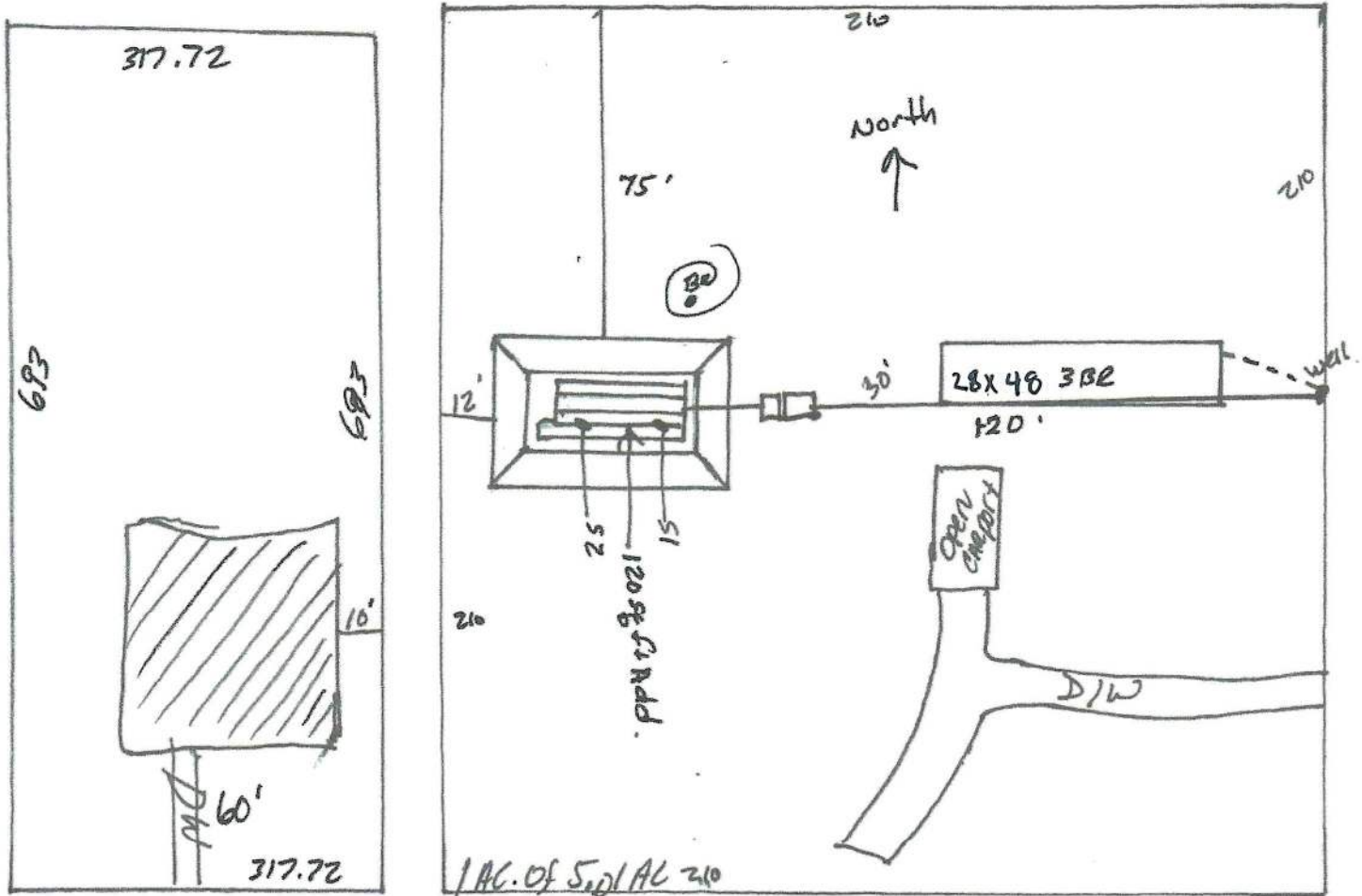
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0588

1"=40'

DAVIS

PART II - SITEPLAN



Notes:

Site Plan submitted by: Robert Gordon Date: 6-27-2022

MASTER CONTRACTOR

Plan Approved [Signature] Not Approved \_\_\_\_\_

Date 9/5/22

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT