

39977

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STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 20-0361  
DATE PAID: 5-13-20  
FEE PAID: 185.00  
RECEIPT #: AP1504214

## APPLICATION FOR:

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

APPLICANT: Phillip Humphrey's (Freedom)

AGENT: Robert W. Ford 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: — BLOCK: — SUBDIVISION: NA PLATTED: 1985

PROPERTY ID #: 19-45-17-08504-000 ZONING: MH I/M OR EQUIVALENT: ☒ Y/N

PROPERTY SIZE: 0.7 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y/N DISTANCE TO SEWER: — FT

PROPERTY ADDRESS: 230 SW Elizabeth CT LIC FL 32025

DIRECTIONS TO PROPERTY: TL onto NW Main Blvd, slight right onto  
HMS, TR onto SW Ward Ln, TR on Elizabeth to  
230 on left

## 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>mHome</u>          | <u>3</u>        | <u>1450</u>        |  |
| 2       |                       |                 |                    |  |
| 3       |                       |                 |                    |  |
| 4       |                       |                 |                    |  |

☐ Floor/Equipment Drains ☐ Other (Specify) —

SIGNATURE: Robert W. Ford DATE: 5-12-2020







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

PERMIT #: 12-SC-2082958  
APPLICATION #: AP1504214  
DATE PAID: 5.13.20  
FEE PAID: 185.00  
RECEIPT #: 12-PID-4401668  
DOCUMENT #: PR1348336

CONSTRUCTION PERMIT FOR: OSTDS Repair

APPLICANT: Phillip\*\*20-0361 Humphreys

PROPERTY ADDRESS: 230 SW Elizabeth Ct Lake City, FL 32024

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

PROPERTY ID #: 08504-000 [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 \_\_\_\_\_ Septic \_\_\_\_\_ CAPACITY  
A [ 0 ] GALLONS / GPD \_\_\_\_\_ CAPACITY  
N [ 0 ] 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 \_\_\_\_\_ SYSTEM

R [ 0 ] SQUARE FEET \_\_\_\_\_ SYSTEM

A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ] \_\_\_\_\_

I CONFIGURATION: [X] TRENCH [ ] BED [ ] \_\_\_\_\_

N \_\_\_\_\_

F LOCATION OF BENCHMARK: Nail in 28" oak 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 [ 54.00 ] [ 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 Existing tank and DF to be abandoned and replaced with new updated system  
H  
E  
R

SPECIFICATIONS BY: Robert W Ford TITLE: Master Contractor

APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 05/14/2020 EXPIRATION DATE: 08/12/2020

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

Incorporated: 64E-6.003, FAC

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