

(SSOCOF #:

277205555
~~177808133~~

done on:

10-4-22
~~06-26~~



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

PERMIT NO.

DATE PAID:

FEE PAID:

RECEIPT #:

22-0835
10/4/22
300.00
188355

APPLICATION FOR:

[☒] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT:

BRADLEY FRANKS CONSTRUCTION, LLC

AGENT:

Ronald Ford - Ford's Septic

Bradley Franks

TELEPHONE: 386-755-6288

MAILING ADDRESS:

116 NW Lawtey Way Lake City, Florida 32055

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: 38 BLOCK: SUBDIVISION: Cannon Creek Place PLATTED:

PROPERTY ID #: 24-4S-16-03114-138 ZONING: I/M OR EQUIVALENT: [Y / ☒ N]

PROPERTY SIZE: 0.51 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 142 SW ARROWBEND DRIVE LAKE CITY, FLORIDA 32024

DIRECTIONS TO PROPERTY: From Columbia County Health Department:

Travel WEST on Hwy. 90 Turn LEFT on Sisters Welcome Road. Turn LEFT on Kicklighter Road. Turn LEFT on Cannon Creek Drive. Turn RIGHT on Gerald Conner. Turn LEFT on Arrowbend.

PROPERTY # 142 on RIGHT.

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	S.F.R	4	1525	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE

Bradley Franks

DATE: 10/3/22



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

PERMIT #: 12-SC-2572697
APPLICATION #: AP1883655
DATE PAID: 10.4.22
FEE PAID: 300.00
RECEIPT #: 12.P10.5830385
DOCUMENT #: PR1862064

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: TOLAR**22-0835 CAMERON
PROPERTY ADDRESS: 142 SW ARROWBEND Lake City, FL 32024
LOT: 38 BLOCK: SUBDIVISION: Cannon Creek Place
PROPERTY ID #: 03114-138 [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 [500] GALLONS / GPD Aerobic Treatment Unit 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 pine w/ green tape

I ELEVATION OF PROPOSED SYSTEM SITE [32.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [62.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 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 also required.
E -Operating permit fee and application / 2yr signed maintenance entity contract agreement w/ owner required prior to final approval.
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

APPROVED BY: [Signature] TITLE: EST Columbia CHD

DATE ISSUED: 10/13/2022 EXPIRATION DATE: 04/13/2024

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

Incorporated: 64E-6.003, FAC Page 1 of 3

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0835



North

PART II - SITEPLAN

*scale: one inch = _____ feet

see
attached.

Thank you!

Notes:

142 SW Arrowbend Drive Lake City, Florida 32024

Site Plan submitted by:

Bradley Franks

Plan Approved

Not Approved

Date

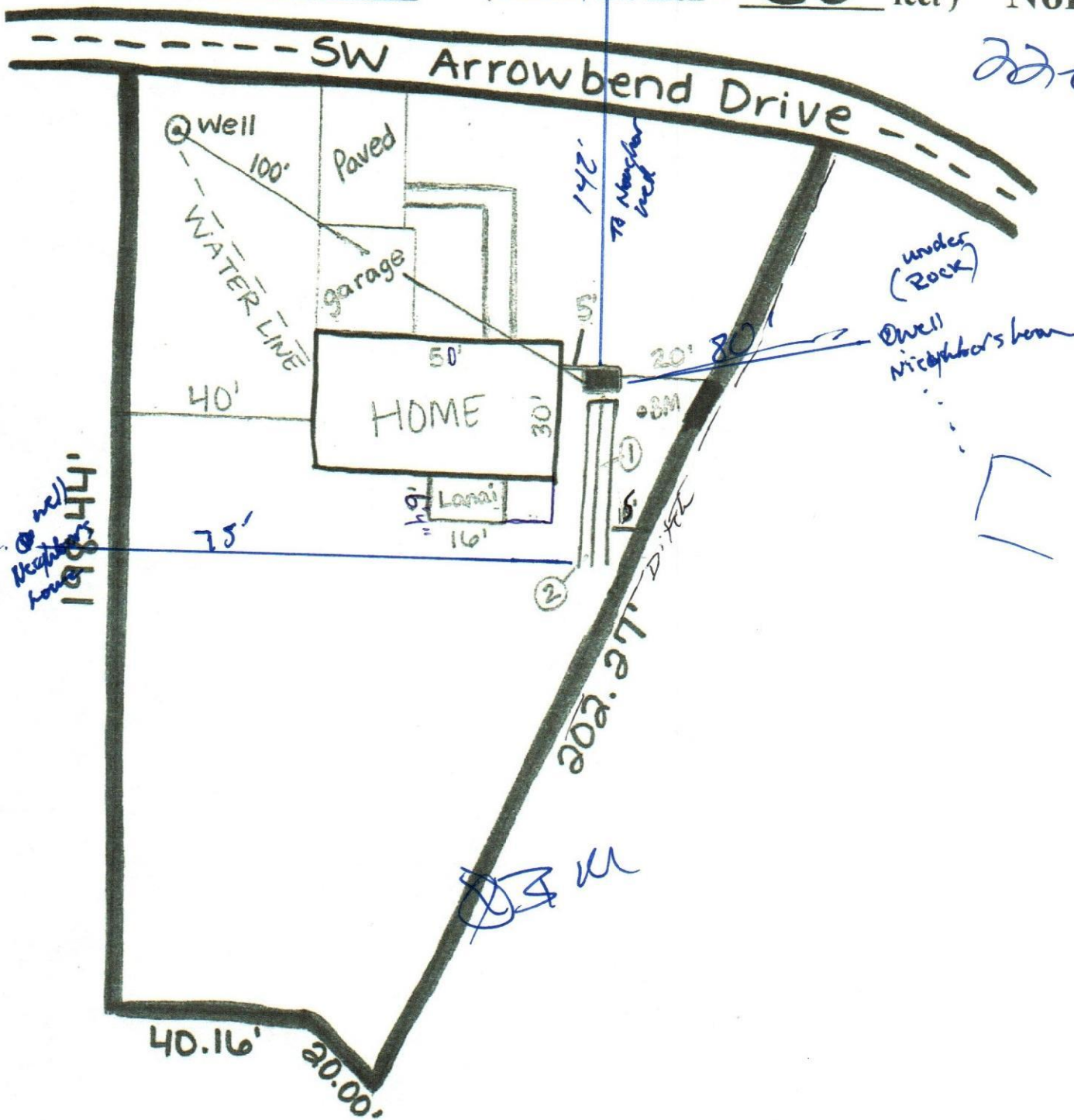
10/13/22

By

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

22-0825



Address: 142 SW Arrowbend Drive Lake City, FL 32024

Submitted by: _____

date submitted: {

Approved by: _____