

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

PERMIT #: 12-SC-2109612

APPLICATION #: AP1525846

DATE PAID: 7.15.20

FEE PAID: 310.00

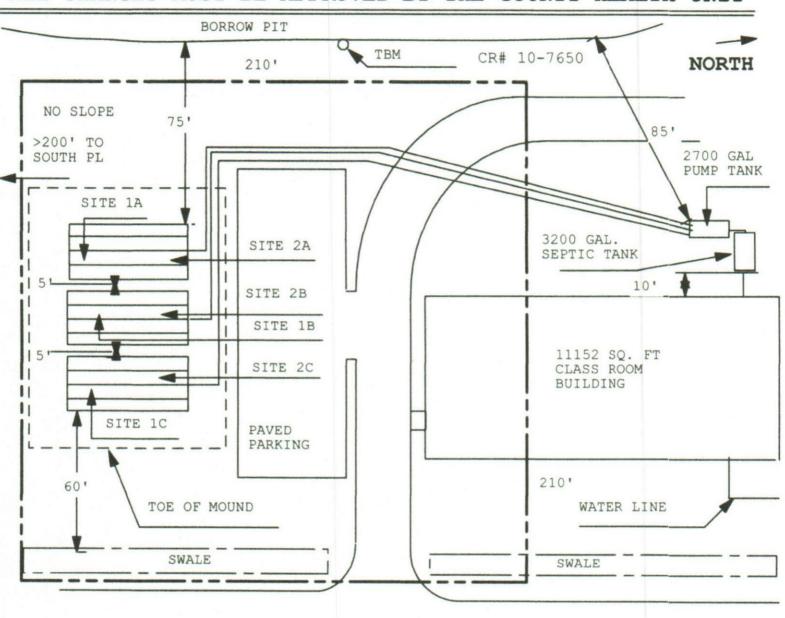
RECEIPT #: 1525846

DOCUMENT #: PR1378513

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: NEW GENERATION**20-0553 CHRISTIAN MINISTRY INC	
PROPERTY ADDRESS: 608 MARVIN BURNETT Lake City, FL 32055	
LOT: BLOCK: SUBDIVISION:	
PROPERTY ID #: 08110-000 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	EL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARS 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	01 02011011
SYSTEM DESIGN AND SPECIFICATIONS	
T [ 3,200 ] GALLONS / GPD New Septic CAPACITY A [ ] GALLONS / GPD CAPACITY N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALL K [ 2,700 ] GALLONS DOSING TANK CAPACITY [ 300.00 ] GALLONS @ [ 6 ] DOSES PER 24 HRS  D [ 2,250 ] SQUARE FEET Drainfield 750 x 3 SYSTEM R [ ] SQUARE FEET SYSTEM A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]	#Pumps [ 2 ]
I CONFIGURATION: [X] TRENCH [ ] BED [ ]	
F LOCATION OF BENCHMARK: Nail in 10" pine tree south of system site	
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [INCHES FT ] [ ABOVE / BELOW] BENCHMARK/RE E BOTTOM OF DRAINFIELD TO BE [ 24.00 ] [INCHES FT ] [ ABOVE / BELOW] BENCHMARK/RE L D FILL REQUIRED: [ 18.00] INCHES EXCAVATION REQUIRED: [ ] INCHES	
PE designed system is to be served with 2 pumps using an indexing valve system serving three 750 SQFT drain field 3200 gallon septic tank can be substituted for a 2200 gal septic and a 1050 gall on septic tank in series.  H  R	elds.
SPECIFICATIONS BY: Paul Lloyd, TITLE: PSOIL EVOL.	
APPROVED BY:	Columbia CHD
Sallie A Ford  DATE ISSUED: 07/29/2020 EXPIRATION DATE:	01/17/2022
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



	NO	WELLS WITHI	N 100'	1 INCH =	40 FEET	
Site	Plan Submitted By Carl Kley	4	Date	7/10/20		
Plan	Approved Not Approved	Date		7.29.20		
3y	Sallie Ford For Health	Mirchon	· Celun	HA CPHU		
Inter		,				

NO WELLS WITHIN 100'

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PERMIT NO.

RECEIPT #: 15



## STATE OF FLORIDA DEPARTMENT OF HEALTH

ONSITE SEWAGE TREATMENT AND DISPOSAL

SYSTEM

Incorporated 64E-6.001, FAC

SO ME IN	TON TOD CONTE				0000
APPLICATION FOR:	ION FOR CONST    Existing Sy			[ ] I:	nnovative
[X] New System [ [] Repair [	] Abandonment	1	] Temporary	[ ] _	
APPLICANT: NEW GENERAT	ION CHRISTIAN MIN	NISTRY INC			2
AGENT: DCM CONSTRYCTION	N INC.		TEI	LEPHONE: (3	86) 867-5055
MAILING ADDRESS: 184 N. M	IARION AVE.		LAKE CIT	Υ	FL 32055
TO BE COMPLETED BY APPLE BY A PERSON LICENSED PUR APPLICANT'S RESPONSIBILE PLATTED (MM/DD/YY) IF RE	RSUANT TO 489.10	05(3)(m) OR OCUMENTATIO	489.552, FLORIDA ON OF THE DATE TH	STATUTES E LOT WAS	. IT IS THE CREATED OR
PROPERTY INFORMATION					
LOT: N/A BLOCK: N/A	A SUBDIVISION	N: METES AN	D BOUNDS	PLI	ATTED:
PROPERTY ID #: 07-48-17-0	8110-000	ZONIN	G: COM I/M OF	R EQUIVAL	ENT: [ NO ]
PROPERTY SIZE: 25.150 AC	CRES WATER SUPP	LY: [ ] PF	CIVATE PUBLIC [	1<=2000G	PD [X1>2000GPT
IS SEWER AVAILABLE AS PE					
PROPERTY ADDRESS: 608 MA			DISIA	NCE TO SE	WER: N/A FT
DIRECTIONS TO PROPERTY:	90 WEST, TURN L NORRIS DR. TURI HIDEAWAY DR. S	N RIGHT ON M	ARVIN BURNETT RD	TURN LEFT . TURN RIGI	ON BASCOM HT ON SW
BUILDING INFORMATION [	1 DECIDENTAL				
Unit Type of					
No. Establishment	Bedrooms	Area Sqft	Commercial/Insti Table 1, Chapter	64E-6, F7	System Design AC
SCHOOL BUILDING	0	11,152	12 CLASS ROOMS X 1	5 STUDENTS	S = 180 STUDENTS
2			180 STUDENTS X 10	GPD = 180	0 TOTAL GPD
3					
4					
[ ] Floor/Equipment Dr	ains [ ] Othe	r (Specify)			
SIGNATURE:	1			DATE:	1/2020
OH 4015, 08/09 (Obsolet	es previous ed	itions which	sh marr not be use	1/	5