

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

PERMIT #: 12-SC-2135936

APPLICATION #: AP1550336

DATE PAID: 8/7/20

FEE PAID: 31000

RECEIPT #:____

DOCUMENT #: PR1391867

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: BOBBY**20-0628 BAIRD
PROPERTY ADDRESS: SW SKYLINE Loop Fort White, FL 32038
LOT: 68 BLOCK: SUBDIVISION: CARDINAL FARMS
PROPERTY ID #: 03815-168 [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 [1.050] GALLONS / GPD New Multi-Chambered Septic 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 [616] SQUARE FEET
F LOCATION OF BENCHMARK: Nail in oak W of site
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/REFERENCE POINT E BOTTOM OF DRAINFIELD TO BE [29.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/REFERENCE POINT L
D FILL REQUIRED: [1.00] INCHES EXCAVATION REQUIRED: [] INCHES
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. E R
SAUG90009; SMOUGISG/
APPROVED BY: Search Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 08/07/2020 EXPIRATION DATE: 02/07/2022
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 ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 20-0438
DATE PAID: 8/2/20
FEE PAID: 3/0.00
RECEIPT #: 1550336

APPLICATION FOR: [X] New System	[] Existing Sys	tem []	Holding Tank	[] Innovative
[] Repair	[] Abandonment	[]	Temporary	[]
APPLICANT: Bobby Bair	d			
AGENT: ROCKY FORD, A	& B CONSTRUCTION		TELE	EPHONE: 386-497-2311
MAILING ADDRESS: 546	SW Dortch Street,	FT. WHITE, FI	, 32038	
BY A PERSON LICENSED APPLICANT'S RESPONSIB PLATTED (MM/DD/YY) IF	PURSUANT TO 489.10 BILITY TO PROVIDE D REQUESTING CONSID	5(3)(m) OR 48 OCUMENTATION ERATION OF ST	9.552, FLORIDA S OF THE DATE THE ATUTORY GRANDFAT	LOT WAS CREATED OR
PROPERTY INFORMATION				
LOT: 68 BLOCK: N	NA SUB: Cardi	nal Farms		PLATTED:
PROPERTY ID #: 11-6S	-16-03815-168	ZONING:	I/M OR	EQUIVALENT: [Y / N]
PROPERTY SIZE: 10.01	ACRES WATER SUPP	LY: [X] PRIV	ATE PUBLIC []	<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS				CE TO SEWER: NA FT
PROPERTY ADDRESS:	1 1			T - 01- 01-1
DIRECTIONS TO PROPERT	Y: ITCOO W O	Y NE FY	aricon 5	t., TL onto NW
	sught night SW Skyli			onto SW Herlor
BUILDING INFORMATION	, 0		[] COMMERCIA	AZ.
Unit Type of	1			tutional System Design
No Establishment			able 1, Chapter	
1 SF Residentia	-1 Ll	1525		
2				
3				
[] Floor/Equipment	Drains [Bishop	her (Specify)		
SIGNATURE:	and the f			DATE: 8/3/2020

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT Permit Application Number 30-0408 Baird - PART II - SITEPLAN - -Scale: 1 inch = 40 feet. 25 acre of 10.01 HBR 1525 SF 1245 32 ×510 Notes: acre Site Plan submitted by

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Not Approved

Plan Approved

By

MASTER CONTRACTOR

Colombia County Health Department