



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

PERMIT #: 12-SC-2526468  
APPLICATION #: AP1850209  
DATE PAID: 6/8/22  
FEE PAID: 210.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1791842

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: CHRISTOPHER\*\*22-0518 TRAVIS  
PROPERTY ADDRESS: 180 SW SEDGEFIELD Fort White, FL 32038  
LOT: 2 BLOCK: \_\_\_\_\_ SUBDIVISION: Sedgefield Sub  
PROPERTY ID #: 03767-102 [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 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 [ 462 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [x] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Tree south of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 28.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [ 14.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

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.

SPECIFICATIONS BY: Robert W Ford TITLE: M. Contractor

APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

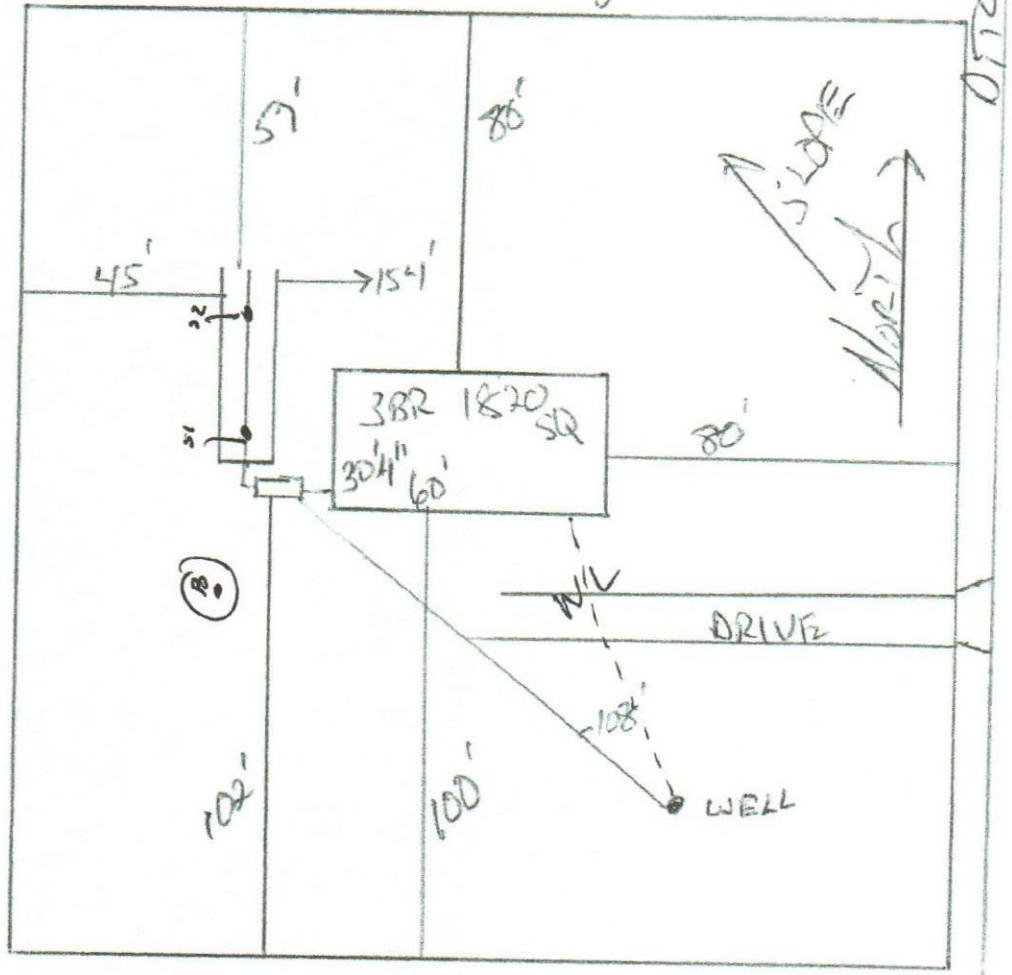
DATE ISSUED: 06/17/2022 EXPIRATION DATE: 12/17/2023

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

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

Permit Application Number 22-0578

Scale: 1 inch = 40 feet.



2 of 5.02 ACRE  
Robert Jord (u) 6/3/22 SEE ATTACHED

Date 6/17/22

By SSD ESC Columbia County Health Department

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

FW

PERMIT NO. 22-0578  
DATE PAID: 6/8/22  
FEE PAID: 310.00  
RECEIPT #: 1850009

APPLICATION FOR:

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

APPLICANT: Travis Christopher (Ironwood)

AGENT: ROBERT FORD III- 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: 2 BLOCK: P1 SUBDIVISION: Sedgefield PLATTED: \_\_\_\_\_

PROPERTY ID #: 03-65-16-03767-102 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☐ N ☐

PROPERTY SIZE: 5.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 180 SW Sedgefield Ln, FW

DIRECTIONS TO PROPERTY: 475 TL on Sedgefield, TR on Logston Ct, to 180

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>Manufactured Home</u>	<u>3</u>	<u>1820</u>	
2				
3				
4				

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

SIGNATURE: Robert Ford III DATE: 6/3/22