



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

PERMIT #: 12-SC-2085577
APPLICATION #: AP1505995
DATE PAID: 5.21.20
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR1350384

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: RANDALL**20-0388 KING

PROPERTY ADDRESS: BALLARD Ct Lake City, FL 32024

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 00358-001 [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 [1,200] GALLONS / GPD 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 [575] SQUARE FEET 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 28" pine 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 [43.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

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

O
T
H
E
R
The system is sized for 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of 460 gpd.

SPECIFICATIONS BY: Rocky Ford TITLE: M Contractor

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

DATE ISSUED: 05/28/2020 EXPIRATION DATE: 11/28/2021

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

Incorporated: 64E-6.003, FAC

Permit Application Number 20-0388Permit Application Number 20-0388

King (De la Rosa)

[illegible]

Notes: 664.82 1 Af 10.05

Site Plan submitted by: Robert W. Ford, III DATE: 6/20/20

Plan Approved

Not Approved

Date 5/28/2020

By Kelly Rose Columbia County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 84E-6.001, FAC
 (Stock Number: 5744-002-4015-6)



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

PERMIT NO. 20-0388
DATE PAID: 5/21/20
FEE PAID: 218.00
RECEIPT #: 1505412

APPLICATION FOR:

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

APPLICANT: Randall King (Freedom / De La Rose)

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: 3 BLOCK: - SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 13-4S-05-00358-001 ZONING: S/F I/M OR EQUIVALENT: ☒ Y/N

PROPERTY SIZE: 10.05 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y/N DISTANCE TO SEWER: 2 FT

PROPERTY ADDRESS: TBD Ballaro Ct. L/C

DIRECTIONS TO PROPERTY: 90 west to Pinemont +/L to Jafans +/L to END
R on to Ballaro Ct to END Lot 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>M/H</u>	<u>5</u>	<u>2254</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rocky D 7

DATE: 5/27/20 EH