



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

APPLICATION FOR CONSTRUCTION PERMIT

CR # 20-00039

PERMIT NO. 22-0467
DATE PAID: 12/2/22
FEE PAID: 318.00
RECEIPT #: 1924871

APPLICATION FOR:

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

APPLICANT: PAUL POPE

AGENT: HOWARDS SEPTIC

TELEPHONE: (386) 935-1518

MAILING ADDRESS: P.O BOX 180

BRANFORD

FL 32008

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: 1 BLOCK: 2 SUBDIVISION: 3 RIVERS EST PLATTED: _____

PROPERTY ID #: 00-00-00-01437-001 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 1.070 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 1186 SW KENTUCKY STREET

DIRECTIONS TO PROPERTY: TAKE STATE ROAD 47 SOUTH TO FORT WHITE. TURN RIGHT ON STATE ROAD 27. TURN LEFT ON RIVER ROAD. TURN LEFT ON UTAH STREET. TURN RIGHT ON NEWARK. TURN LEFT ON KENTUCKYSTREET. SITE IS FIRST ON LEFT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	<u>SHED</u>	<u>0 - 160</u>		
2				
3				
4				

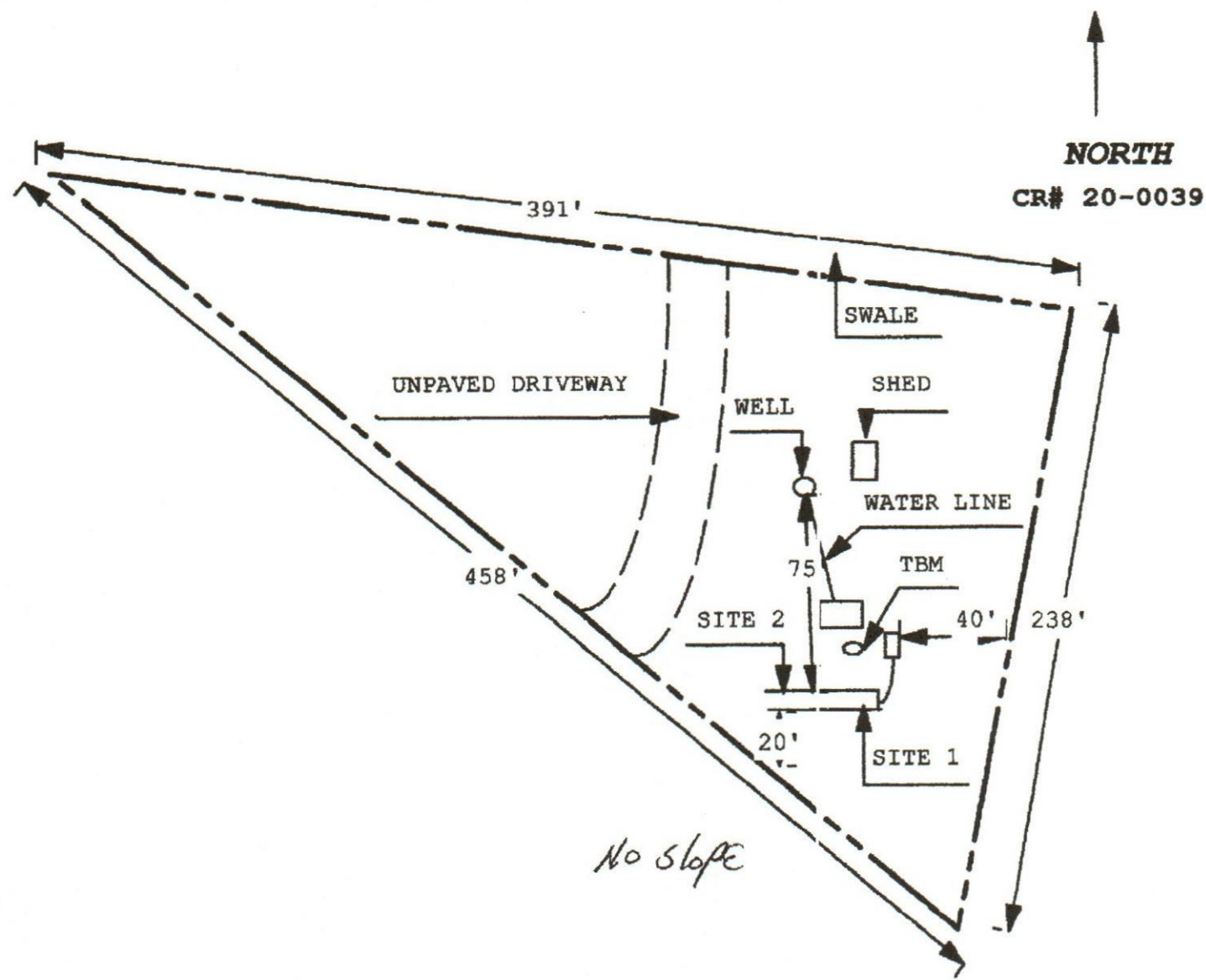
☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 10/23/22

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 22-0967

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



1 INCH = 60 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By Paul D. Ford Date 10/21/22
Plan Approved ✓ Not Approved _____ Date 12.6.22
By Salli Ford EIT Director - Columbia CPHU
Notes: _____



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

PERMIT #: 12-SC-2619149
APPLICATION #: AP1924071
DATE PAID: 12.2.22
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1880375

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: PAUL**22-0967 POPE
PROPERTY ADDRESS: 1186 SW KENTUCKY Fort White, FL 32038
LOT: 1 BLOCK: 2 SUBDIVISION: 3 Rivers Est U-2
PROPERTY ID #: 01437-001 [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 [900] 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 [250] 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 3" maple tree N of system site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 100 gpd.
T
H
E
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE
APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD
DATE ISSUED: 12/06/2022 EXPIRATION DATE: 06/06/2024

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC