



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

PERMIT #: 12-SC-2759547
APPLICATION #: AP1979942
DATE PAID: 7.27.23
FEE PAID: 220.00
RECEIPT #: _____
DOCUMENT #: PR1982228

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DREAMIN**23-0535 N DRIFTIN RV RESORT LLC
PROPERTY ADDRESS: 8883 W US HIGHWAY 90 Lake City, FL 32055
LOT: 50-59 BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 00211-002 [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 [1,650] GALLONS / GPD Septic tank CAPACITY
A [] GALLONS / GPD _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [938] SQUARE FEET drainfield SYSTEM
R [] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Nail in large oak tree with pink ribbon
I ELEVATION OF PROPOSED SYSTEM SITE [41.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [69.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R

SPECIFICATIONS BY: Kelli Rogers TITLE: CEHP
APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD
DATE ISSUED: 08/04/2023 EXPIRATION DATE: 02/04/2025

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



6



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

PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:

23-0534
7/12/23
258.00
1799242

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[☒] New System [] Existing System [] Holding Tank [] Innovative
[☒] Repair [] Abandonment [] Temporary []

APPLICANT: Dreamin N Driftin RV Resort LLC

EMAIL: Builder 867-5055

AGENT: Raymond Howard Septic

TELEPHONE: 590-4884

MAILING ADDRESS: 22694 CR 49 Obrien

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

OSTDS REMEDIATION PLAN? [Y] ☒ [N]

LOT: 50-59 BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 25-35-15-00211-002 ZONING: _____ I/M OR EQUIVALENT: [Y] ☒ [N]

PROPERTY SIZE: 32.9 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] ☐ ≤2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] ☒ [N] DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 8883 W US Hwy 90 Lake City 32055

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[] RESIDENTIAL [☒] COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table I, Chapter 62-6, FAC

1 RV Park - - 10 sites - 75 gallons/site

2 _____ - - _____

3 _____ - - 750 total gallons per day

4 _____ - - _____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Ray Hef

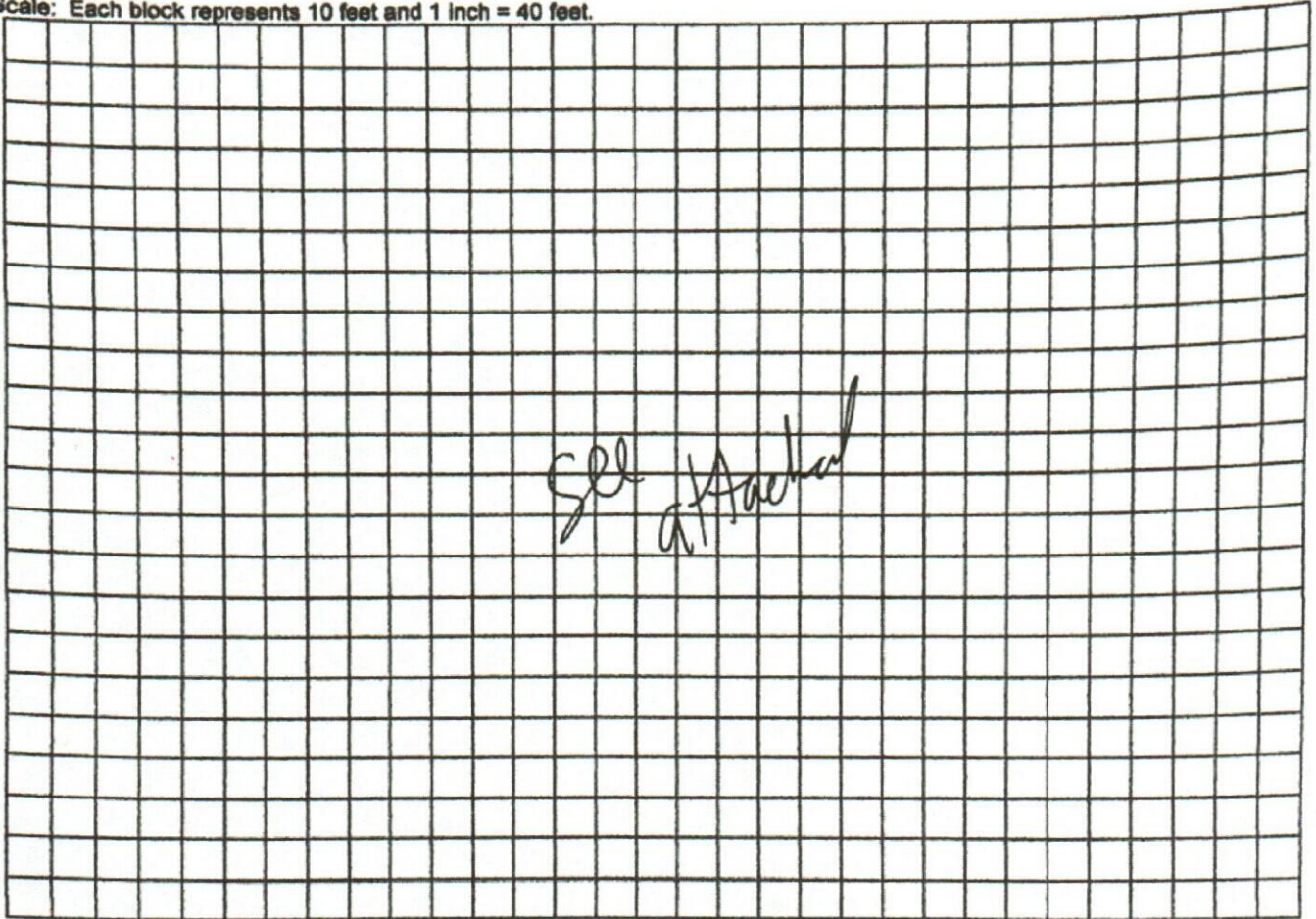
DATE: 7/12/2023

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0534

----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: Patty HP 7/12/2023

Plan Approved ☒ Not Approved _____ Date 8-4-23

By Sallie Ford EH Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT