



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

PERMIT NO. 12-0480
DATE PAID: 10/29/12
FEE PAID: 310.85
RECEIPT #: 1082217

APPLICATION FOR:

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

APPLICANT: Oaks of Lake City, LLCAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: P.O. BOX 39 FT. WHITE, FL, 32038

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: 33 BLOCK: na SUB: Oaks of Lake City PH 1 PLATTED: 9/07PROPERTY ID #: 18-5S-17-09280-133 ZONING: Res I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 1.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: FTPROPERTY ADDRESS: 989 SW Mandiba Drive, Lake City, FL, 32024DIRECTIONS TO PROPERTY: 441 South, TR on CR 131 (Tustenuggee), TR on Custom MadeCircle, TL on Custom Made Circle, TR on Mandiba Dr, 3/10th to site on right

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	SF Residential	3	2109	
2				
3				

☒ Floor/Equipment Drains ☒ Other (Specify)

SIGNATURE: Rocky D Ford DATE: 10/24/2012



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

FAXED 54
ALB

PERMIT #: **12-SC-1437515**
APPLICATION #: **AP1087217**
DATE PAID: **10/29/12**
FEE PAID: **310.00**
RECEIPT #: **2049232**
DOCUMENT #: **PR889424**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: OAKS OF LAKE CITY, LLC

PROPERTY ADDRESS: 989 SW MANDIBA Dr Lake City, FL 32024

LOT: 33 BLOCK: _____ SUBDIVISION: OAKS OF LAKE CITY PH 1

PROPERTY ID #: 09280-133 [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 [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in road south of system site.

I ELEVATION OF PROPOSED SYSTEM SITE [2.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [26.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

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

The licensed contractor installing the system is responsible for installing the minimum category of tank in accordance with s. 64E-6.013(3)(f), FAC.

T
H
E
R

SPECIFICATIONS BY: Rocky D Ford

TITLE: Master Contractor

APPROVED BY:

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 11/09/2012

EXPIRATION DATE: 05/09/2014

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

Incorporated: 64E-6.003, FAC

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v 1.1.4

AP1087217

SR882857

SE