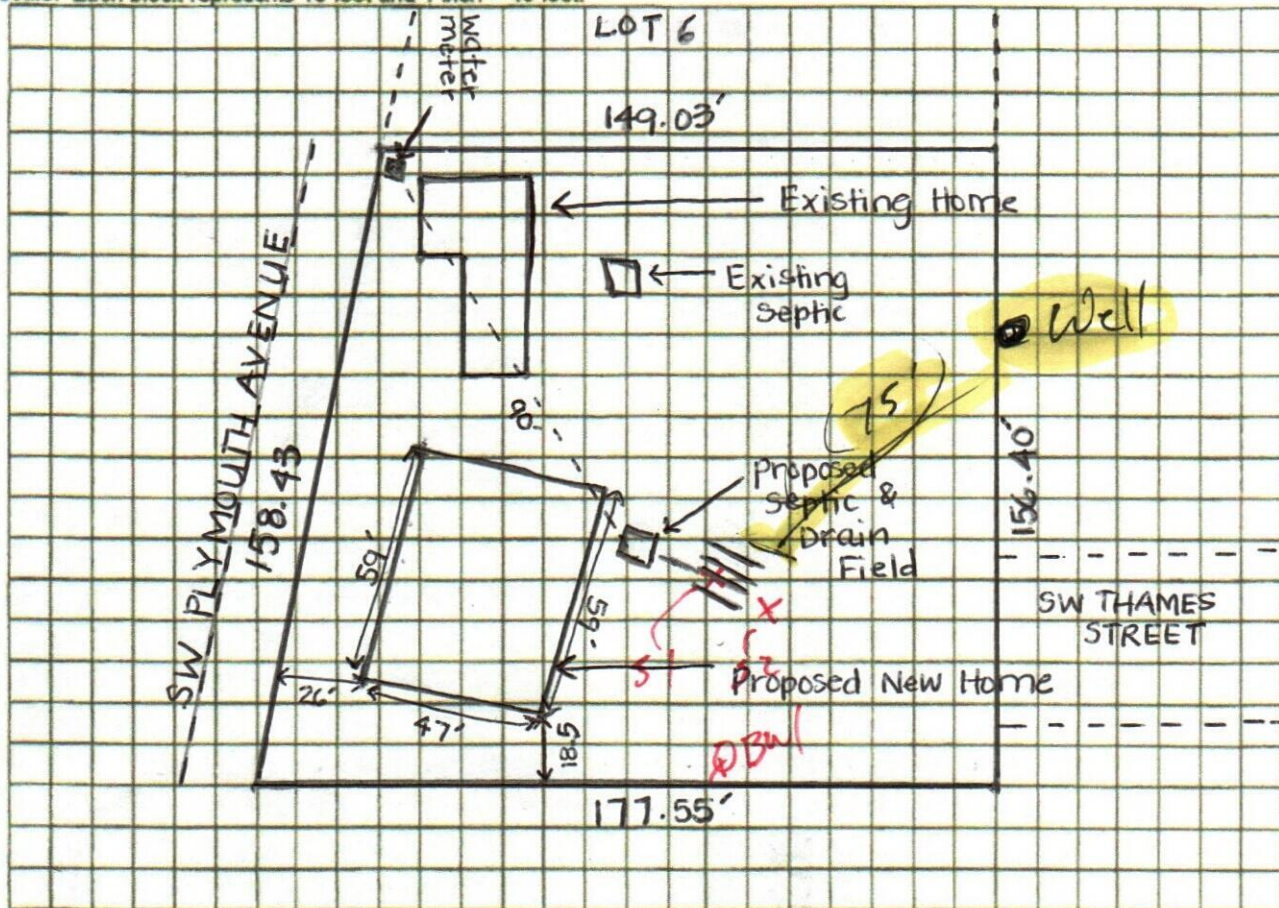


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0828

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

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



Notes: LOT 7 0.59 Acres \pm Parcel 00-00-00-14307-007

** 12" Drop in Elevation from site 1 to site 2 (30' Apart)*

Site Plan submitted by: WILLIAM BERRY

Plan Approved ☒ Not Approved ☐

By Albie Ford EH Director Columbia

Date 1-3-24
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-8.004, F.A.C.

SS0342302104



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

PERMIT NO: 23-0828
DATE PAID: 12/8/23
FEE PAID: 725.00
RECEIPT #: 20270208

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: John Crawford (John F. Crawford Homes) EMAIL: BBARRY112358@EMAIL.COM

AGENT: Ashlea Crawford Angela Coppock TELEPHONE: 352-283-2678

MAILING ADDRESS: 14368 NW 161st Avenue, Alachua, FL 32615

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N]

PROPERTY SIZE: 57 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ X <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 231 SW PLYMOUTH AVE. FT WHITE

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	<u>NEW SINGLE FAMILY</u>	<u>3</u>	<u>1893</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 12/7/23



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

PERMIT #: **12-SC-2830791**
APPLICATION #: **AP2026208**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2035392**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ANGELA**23-0828 COPPOCK
PROPERTY ADDRESS: 213 SW PLYMOUTH Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 14307-007 [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 [400] GALLONS / GPD Aerobic Unit Treatment 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 [282] SQUARE FEET Drainfield 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 oak

I ELEVATION OF PROPOSED SYSTEM SITE [30.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [60.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L

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

O 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.

T ***System will be 50% minimum nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation. Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting/fee also required.

E -Operating permit fee and application / 2yr singed maintenance entity contract agreement w/ owner required prior to final approval.
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 12/20/2023 EXPIRATION DATE: 06/20/2025

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Incorporated 62-6.004, FAC

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