



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

PERMIT #: **12-SC-2872814**
APPLICATION #: **AP2048527**
DATE PAID: **3-21-24**
FEE PAID: **310.00**
RECEIPT #:
DOCUMENT #: **PR2062913**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: MARY**24-0253 JOHNSON

PROPERTY ADDRESS: SE HIGH FALLS Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 10519-007

[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 [900] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [150] GALLONS DOSING TANK CAPACITY [33.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]

D [250] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Tree east of site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [6.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [36.00] INCHES

EXCAVATION REQUIRED: [] INCHES

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.

T Performing Lift Dosing.

E Pumps must be certified as suitable for distributing sewage effluent.

SPECIFICATIONS BY: Robert W Ford

TITLE: M. Contractor

APPROVED BY: Sean P Havens

TITLE: Environmental Specialist I

DATE ISSUED: 03/22/2024

Columbia CHD

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

EXPIRATION DATE: 09/22/2025



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

24-0253
PERMIT NO.
DATE PAID: 3-21-24
FEE PAID: 310.00
RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: MARY JOHNSON

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

EMAIL: NFLSEPTICTANK@COMCAST.NET

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 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

OSTDS REMEDIATION PLAN? [Y / N]

LOT: --- BLOCK: --- SUBDIVISION: ---

PLATTED: ---

PROPERTY ID #: 31-4S-18-10519-007

ZONING: --- I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 8.18 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N]

DISTANCE TO SEWER: --- FT

PROPERTY ADDRESS: TBD SE HIGH FALLS ROAD, LAKE CITY FL

DIRECTIONS TO PROPERTY: ---

BUILDING INFORMATION

[X] RESIDENTIAL

[] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	NEW HOME	2	1144	
2				
3				
4				

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

SIGNATURE: [Signature]

DATE: 3-18-2024

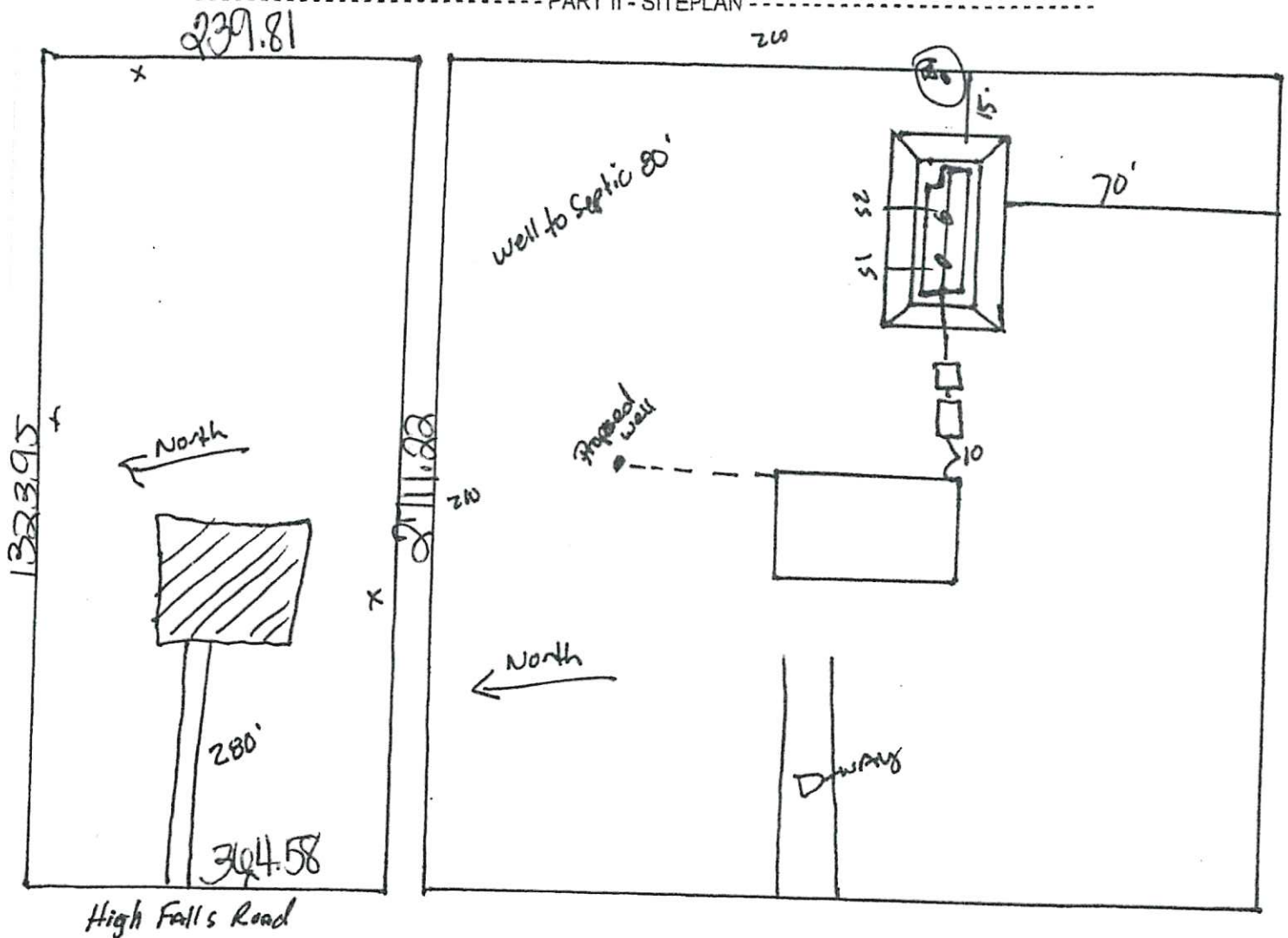
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

1" = 40'

Permit Application Number _____

Johnson Job

PART II - SITEPLAN



Site Plan submitted by: *Robert Ford*

3-18-2024

Plan Approved ☒

Not Approved ☐

Date *3/22/24*

By *[Signature]* *ES2* *Columbia* 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: 62-6.004, F.A.C.