



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

PERMIT #: 12-SC-2475782
APPLICATION #: AP1809306
DATE PAID: 3/9/22
FEE PAID: 110.00
RECEIPT #: _____
DOCUMENT #: PR1742512

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: BRIAN**22-0199 ISHLER
PROPERTY ADDRESS: 193 NE NIKITA Lake City, FL 32055
LOT: 35 BLOCK: _____ SUBDIVISION: Double Run Acres
PROPERTY ID #: 04971-035 [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 [1,050] 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 [300] GALLONS DOSING TANK CAPACITY [67.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]

D [500] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____

N
F LOCATION OF BENCHMARK: Nail in tree SE of site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [6.00] [INCHES] FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [36.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T Performing Lift Dosing.

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

R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 03/11/2022 EXPIRATION DATE: 09/11/2023

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

Incorporated: 64E-6.003, FAC



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

PERMIT NO. 22-0199
DATE PAID: 3/9/22
FEE PAID: 310.00
RECEIPT #: 1809306

APPLICATION FOR:

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

APPLICANT: BRIAN FISHLER (C&G)

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

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

LOT: 35 BLOCK: - SUBDIVISION: DOUBLE RUN ACRES PLATTED:

PROPERTY ID #: 17-3S-17-04971-035 ZONING: I/M OR EQUIVALENT: ☒ No ☐

PROPERTY SIZE: 1.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ No ☐ DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 193 NE NIKITA PL, LAKE CITY FLA 32055

DIRECTIONS TO PROPERTY: TL ON MADISON ST, TR ON SUNNY BROOK ST, TL ON DOUBLE RUN RD,
TL ON NIKITA PL TO 193

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	MH	4	2255	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert Ford III

DATE: 3/8/22

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0199

*see attach-
ment*

08:

Plan submitted by: Robert W. Ford, III Date 3/8/22

Approved ☒ Not Approved ☐ Date 3/11/22

[Signature] ET2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



NOTES:

Columbia County, FL

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