



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

PERMIT #: 12-SC-2109936  
APPLICATION #: AP1526090  
DATE PAID: 7/16/20  
FEE PAID: 310.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1378526

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: FRED\*\*20-0554 KIBLER  
PROPERTY ADDRESS: 208 SKINNER Gln Lake City, FL 32024  
LOT: 22 BLOCK: \_\_\_\_\_ SUBDIVISION: Heatherwood Estates  
PROPERTY ID #: 09630-022 [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 [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 500 ] 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 tree east of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 30.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 54.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L FILL REQUIRED: [ 0.00 ] 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.

SPECIFICATIONS BY: RONNIE MOORE TITLE: Master Contractor  
APPROVED BY: Sean P. Havens TITLE: Environmental Specialist I Columbia CHD  
DATE ISSUED: 07/17/2020 EXPIRATION DATE: 01/17/2022

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

E-mail to (purecountryseptic@yahoo.com)



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

PERMIT NO. 20-0554  
DATE PAID: 7/16/20  
FEE PAID: 310.00  
RECEIPT #: 1526090

APPLICATION FOR:

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

APPLICANT: Kibler & Graziani

AGENT: Ronnie Moore

TELEPHONE: 352-246-3997

MAILING ADDRESS: PO Box 158 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)(a) 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: 22 BLOCK: \_\_\_\_\_ SUBDIVISION: Heatherwood PLATTED: 1999

PROPERTY ID #: 09-6S-17-09630-022 ZONING: SF I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: 8.42 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☒ N

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 208 Skinner Glen Lake City FL 32024

DIRECTIONS TO PROPERTY: 441 south to SW Howell ST turn right to SW Marion Mann Terr turn left to SW Manning PL turn left to SW Crockett Way turn right to SW Skinner Glen turn right to # 208 on left.

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	single family	4	2777	
2	attic storage	0	360	
3	total		3137	400 gpd
4				

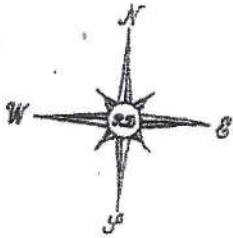
☐ Floor/Equipment Drains      ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Ronnie Moore

DATE: 07/13/20

DE 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC

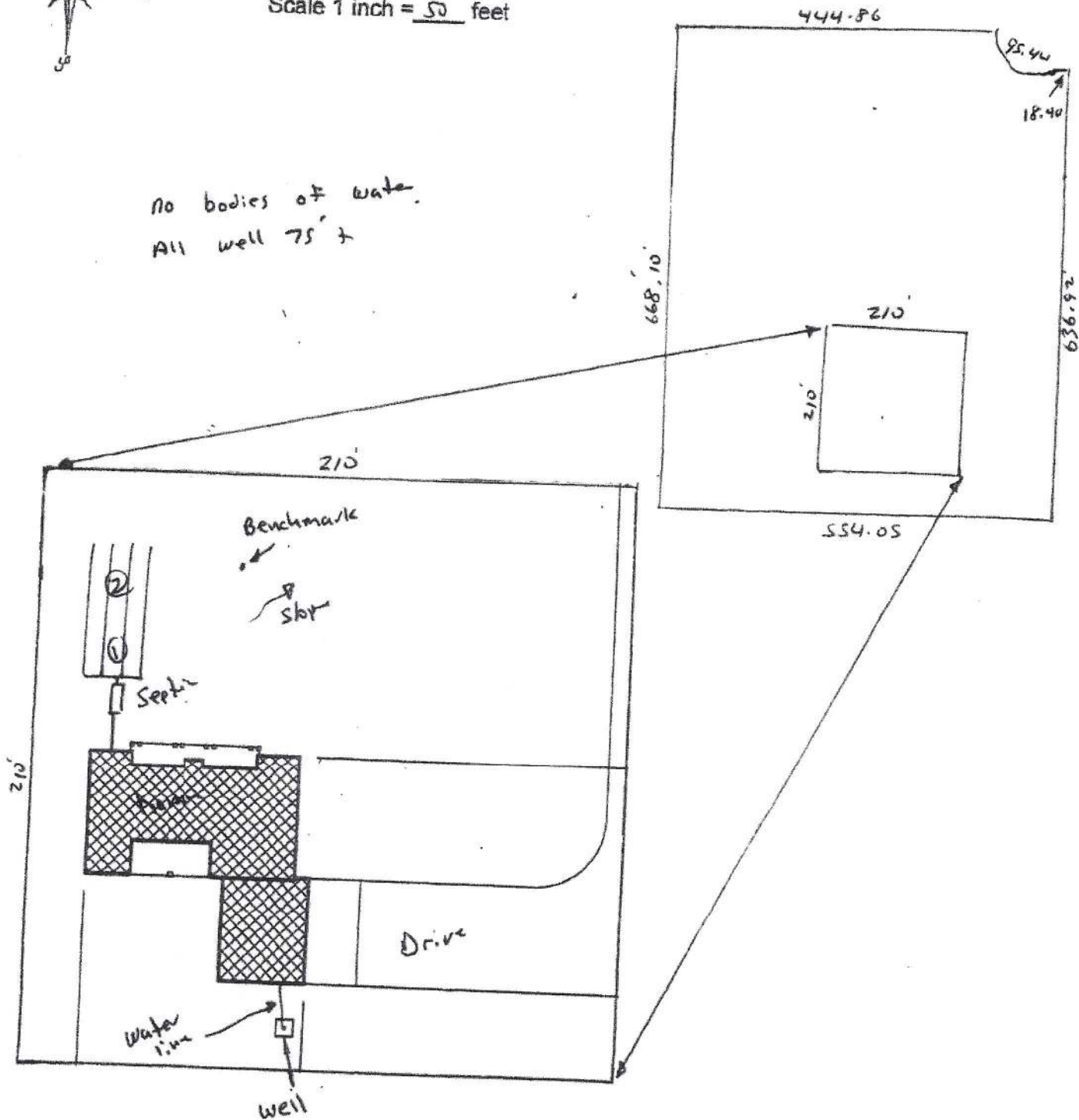




Scale 1 inch = 50 feet

Permit # 20-5554  
Property ID# 09-65-17-09630-022

No bodies of water.  
All well 75' +



Site Plan submitted by Alan Mann

Plan Approved ☒

Not Approved ☐

M.S.T.C.

Date 7/17/20

By [Signature] Columbia County Health Department