



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

PERMIT NO. 20-0457
DATE PAID: 7/9/20
FEE PAID: 315.00
RECEIPT #: 1587122

APPLICATION FOR:

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

APPLICANT: ADAM WOODHAMAGENT: North Florida Septic Tank Inc;TELEPHONE: 386-755-6372MAILING 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: 2 BLOCK: NA SUBDIVISION: CANNON CREEK 1ST ADDITION PLATTED: _____PROPERTY ID #: 24-4S-16-03114-202 ZONING: _____ I/M OR EQUIVALENT: ☒ N ☐PROPERTY SIZE: 1.58 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ Yes DISTANCE TO SEWER: NA FTPROPERTY ADDRESS: TBD

DIRECTIONS TO PROPERTY: 90W TO SISTER WELCOME RD. TL TO KICKLIGHTER TL TO CANNON CREEK PLAC
TR TO 2ND ROAD TO LEFT AT END. STRAIGHT OFF THE END OF THE ROAD

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	<u>NEW HOME</u>	<u>3</u>	<u>1600</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: *Adam Woodham*DATE: 6-6-2020

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

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

PERMIT #: **12-SC-2089890**
APPLICATION #: **AP1509033**
DATE PAID: **6/9/2020**
FEE PAID: **1310⁰⁰**
RECEIPT #: **1509033**
DOCUMENT #: **PR1352482**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: ADAM**20-0451 WOODHAM

PROPERTY ADDRESS: CANNON Lake City, FL 32025

LOT: 2 BLOCK: SUBDIVISION: Cannon Creek Place

PROPERTY ID #: 031114-202

[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 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 []

N

F LOCATION OF BENCHMARK: Nail in 4" post W of site yellow ribbon

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

E BOTTOM OF DRAINFIELD TO BE [43.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

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

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.

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E

R

SPECIFICATIONS BY: WILLIAM D BISHOP

TITLE: SA0890009; SM0081587

APPROVED BY: Kelli C Rogers

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 06/10/2020

EXPIRATION DATE: 12/10/2021

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

Incorporated: 64E-6.003, FAC

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

PERMIT NO: 20-0457
DATE PAID: 7/6/20
FEE PAID: 313.46
RECEIPT #: 1507122

APPLICATION FOR:

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

APPLICANT: ADAM WOODHAMAGENT: North Florida Septic Tank Inc;TELEPHONE: 386-755-6372MAILING ADDRESS: 741 SE State Road 100 Lake City, Fla 32025

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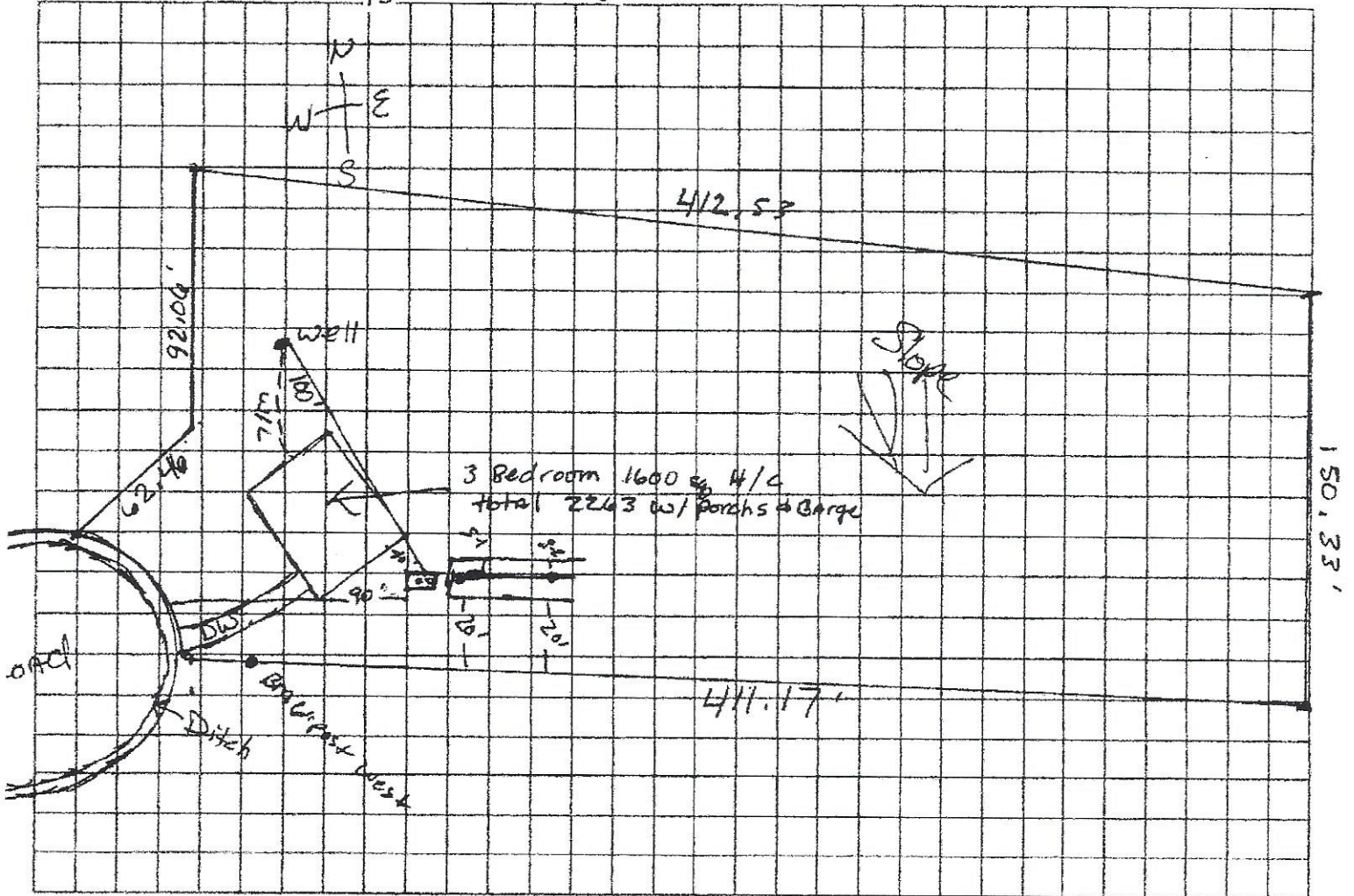
☐ Floor/Equipment Drains ☐ Other (Specify) _____SIGNATURE: [Signature] DATE: 6-6-2020

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 30-0451

Giebieg Lot #2

Scale: Each block represents 15 feet and 1 inch = 60 feet.



Notes: _____

Site Plan submitted by: Robert W. Ford III Date: 6-6-2020

Plan Approved: ☒ Not Approved

By: Kell Ryz

Columbia

Date: 6/10/2020
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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