



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



E-MAILED

PERMIT #: 12-SC-2843714
APPLICATION #: AP2035020
DATE PAID: 1-27-24
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR2040945

CONSTRUCTION PERMIT FOR: OSTDS Repair

APPLICANT: VICKIE**24-0061 ROBINSON

PROPERTY ADDRESS: 1282 S SW BUCKLEY Lake City, FL 32024

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 09436-006 [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 tank 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 [333] 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: Nail with pink ribbon in fence post W of site

I ELEVATION OF PROPOSED SYSTEM SITE [20.00] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [38.00] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

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

O Properly abandon old tank.
T DOH recommends 375 sq feet of drainfield with an 18" mound to meet new code standards.

H
E
R
SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: Sallie Ford TITLE: Environmental Health Director Columbia CHD

DATE ISSUED: 02/08/2024 EXPIRATION DATE: 08/08/2025

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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-00061

..... PART II - SITEPLAN

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

See Attached

Notes: _____

Site Plan submitted by H. Keen

Plan Approved ☒ Not Approved _____ Date 2-8-27
By Sallie Ford EN Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Existing Driveway



The site plan shows a rectangular property with dimensions 156' by 57'. A dashed line indicates the 'Front' boundary. A '28X56 Replacement Home' is shown as a dashed rectangle. A '28X56 Existing Home To Be Removed' is shown as a solid rectangle. A 'Septic' tank is located near the front boundary, with dimensions 50' and 18' indicated. A 'Freshwater' well is located near the back boundary, with a '115' Well to Septic' line. An 'Existing Well' is located near the bottom right corner, with dimensions 7' and 18' indicated. A 'Road' is shown on the left side, with a '25'' dimension. A 'Driveway' is shown on the left side, with a '156'' dimension. A 'Septic' tank is located near the front boundary, with dimensions 50' and 18' indicated. A 'Freshwater' well is located near the back boundary, with a '115' Well to Septic' line. An 'Existing Well' is located near the bottom right corner, with dimensions 7' and 18' indicated.

Front = 30'
Rear = 25'
Sides = 25'

126.15'

Scale 1" = 30'

Kamran Keer
23.2064
1-17-24



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

24.0061
PERMIT NO. _____
DATE PAID: 1-24-24
FEE PAID: \$10.00
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System
☒ Repair

☒ Existing System
☐ Abandonment

☐ Holding Tank
☐ Temporary

☐ Innovative

APPLICANT: Vickie Robinson

AGENT: Kamaron Keen

EMAIL: _____

MAILING ADDRESS: 474 NE 628th St. Old Town, FL 32680

TELEPHONE: 352-356-1333

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: _____ BLOCK: _____ SUBDIVISION: _____

OSTDS REMEDIATION PLAN? ☐ Y ☒ N

PROPERTY ID #: 29-SS-17-09436-006

ZONING: _____

PLATTED: _____

PROPERTY SIZE: 7 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ I/M OR EQUIVALENT: ☐ Y ☒ N

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

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 1282 SW Buckly Ln Lake City FL 32024

DIRECTIONS TO PROPERTY: Take us. 441 S, (R) SW Tuskenuggee Ave, (L) Buckly Rd parcel on (R)

BUILDING INFORMATION

Unit No. Type of Establishment

☒ RESIDENTIAL

☐ COMMERCIAL

No. of Bedrooms

Building Area Sqft

Commercial/Institutional System Design Table I, Chapter 62-6, FAC

1 SFR-MH

3

1456

2

3

4

☐ Floor/Equipment Drains

☐ Other (Specify) _____

SIGNATURE: Kamaron Keen

21-2064

DATE: 1/17/24

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