



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

PERMIT NO. 20-0270-N
DATE PAID: 4.6.20
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: Trenton Walker

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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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.

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PROPERTY INFORMATION

LOT: NA BLOCK: NA SUB: NA PLATTED: _____

PROPERTY ID #: 09-5S-17-09173-004 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☒ N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: CR 240 Lake City FL

DIRECTIONS TO PROPERTY: 441 South Left on 41 South Right on CR 240 to site 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
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1	SF Residential	3	1840	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II DATE: 3/31/2020

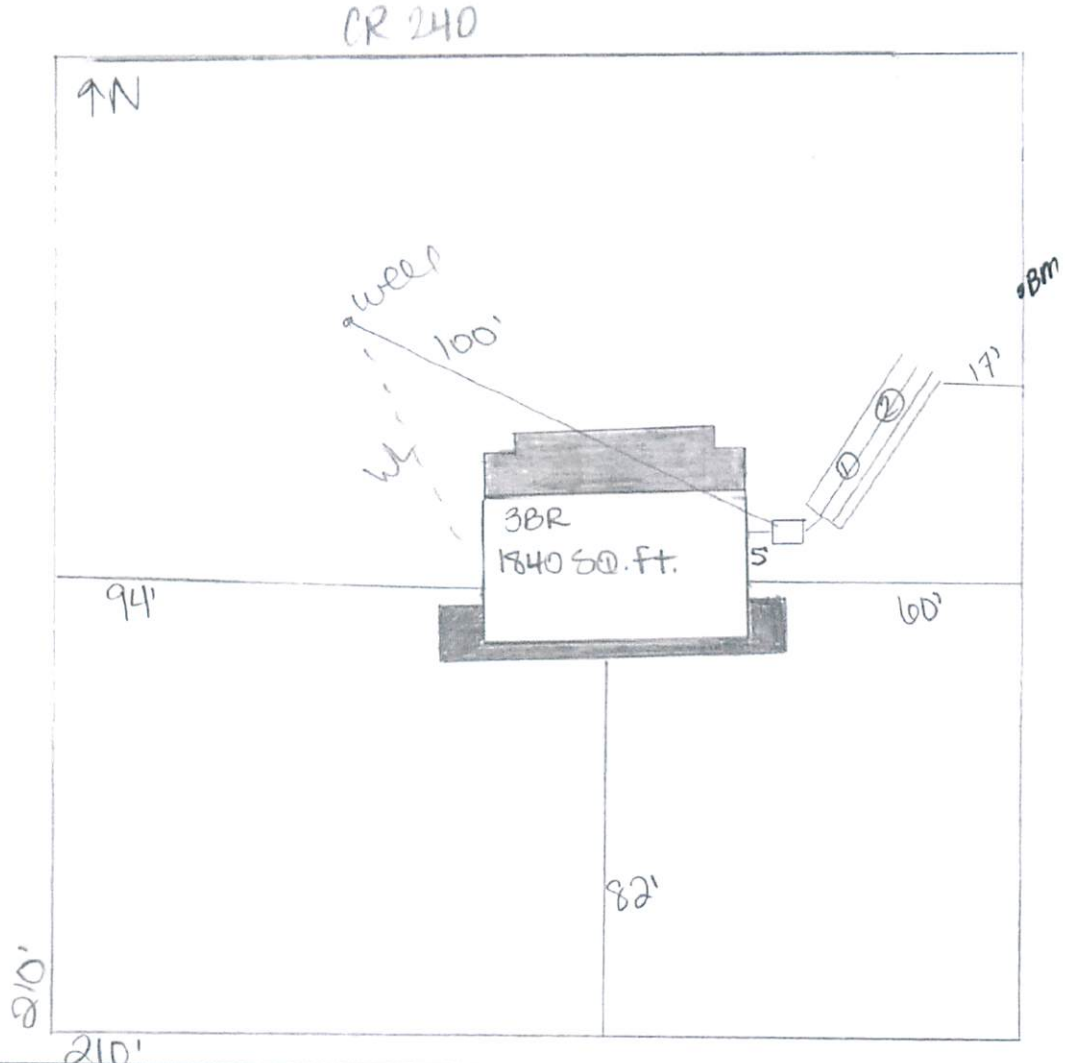
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 20-0270-N

T. Walker

----- PART II - SITEPLAN -----

Scale: 1 inch = 40 feet.



Notes: _____

Site Plan submitted by: William O. Bishop II

Plan Approved X

Not Approved _____

By: [Signature]

Columbia CHD

MASTER CONTRACTOR

Date 3/31/2020

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

RECEIVED

APR 08 2020

BY: [Signature]



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

PERMIT #: 12-SC-2053500
APPLICATION #: AP1477357
DATE PAID: 4/6/20
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1322350

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: Trenton Walker
PROPERTY ADDRESS: CR 240 Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 09-5S-17-09173-004 [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 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 [462] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [x] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail with ribbon in fence post East of site.

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [21.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [9.00] INCHES EXCAVATION REQUIRED: [] INCHES

O 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.
T
H
E
R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 04/08/2020 EXPIRATION DATE: 10/08/2021

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