

# FW



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

PERMIT NO: 20-0719  
DATE PAID: 8/19/2022  
FEE PAID: 30.00  
RECEIPT #: 1825948

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: JASON Westbrook EMAIL: nfiseptic tank@comcast.com

AGENT: Robert Ford III - North Florida Septic Tank INC TELEPHONE: 386-755-6372

MAILING ADDRESS: MH SE State Road 100, Lake City, FL 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: 3 BLOCK: — SUBDIVISION: Sunview Estates Add OSTDS REMEDIATION PLAN? [ Y / N ]  
PLATTED: —

PROPERTY ID #: 33-5S-10-03745-303 ZONING: — I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [  ] PRIVATE PUBLIC [  ]<=2000GPD [  ]>2000GPD

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

PROPERTY ADDRESS: 327 SW Tara Ct, FW Fla.

DIRECTIONS TO PROPERTY: —

BUILDING INFORMATION

[  ] RESIDENTIAL    [  ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>m/h</u>	<u>2</u>	<u>830</u>	<u>—</u>
2				
3				
4				

[  ] Floor/Equipment Drains    [  ] Other (Specify) —

SIGNATURE: Robert Ford DATE: 8-18-2022

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

Incorporated 62-6.004, FAC

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

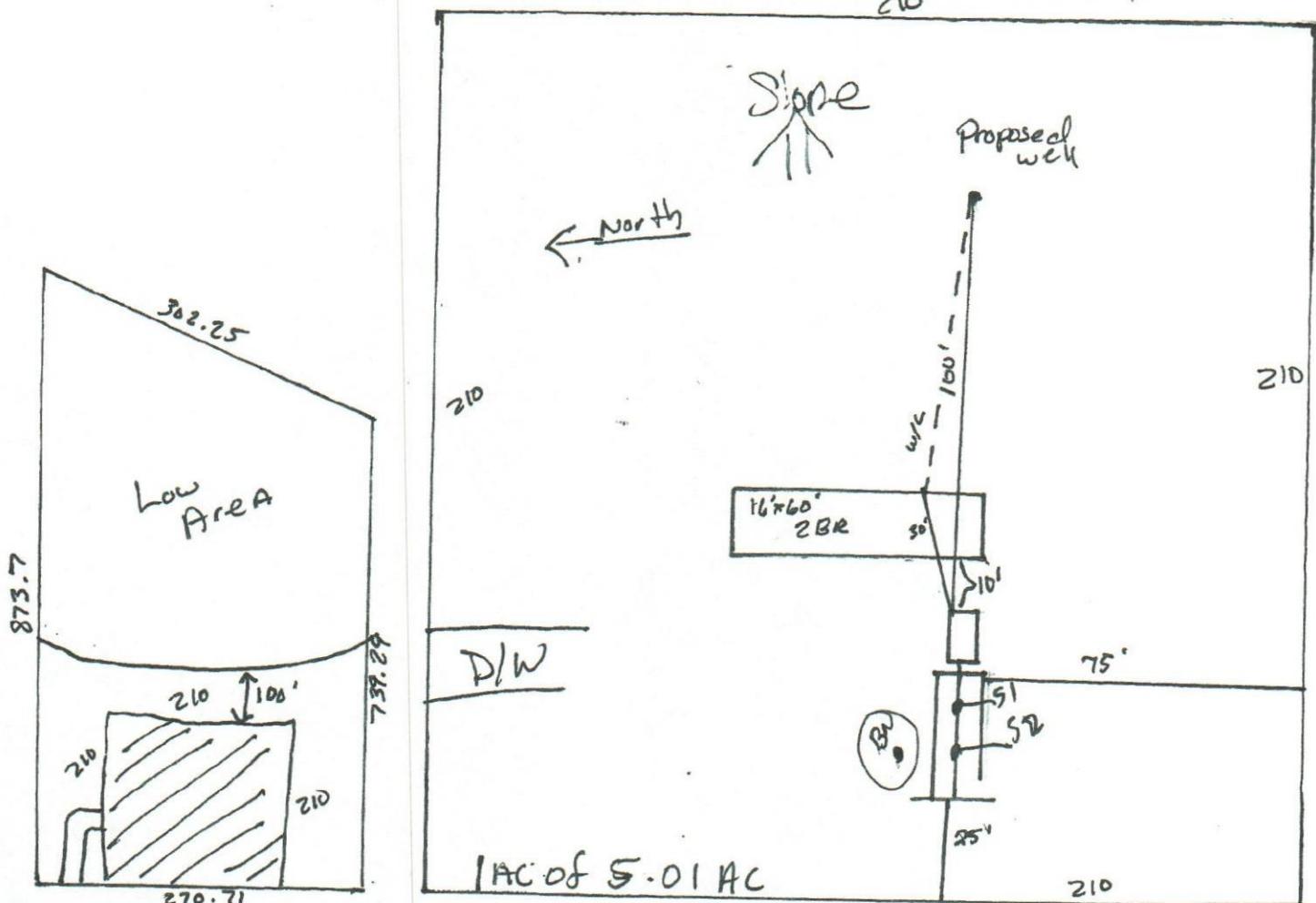
$$1'' = 45''$$

Permit Application Number:

22-0719

## • PART II • SITEPLAN

Westbrook



### Notes-

SW. TARA Ct.

**Site Plan submitted by:**

Printed From 999 Date: 8-18-2022

**MASTER CONTRACTOR**

Plan Approved

Not Approved

Date 8/19/22

By



53

### Colombia

**County Health Department**

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



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

PERMIT #: 12-SC-2560156

APPLICATION #: AP1875768

DATE PAID: 8/19/22

FEE PAID: \$10.00

RECEIPT #:

DOCUMENT #: PR1813630



E-MAILED  
NFC

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JASON\*\*22-0719 WESTBROOK

PROPERTY ADDRESS: 327 SW TARA Fort White, FL 32038

LOT: 3 BLOCK: SUBDIVISION: Sunview Estates Addition

PROPERTY ID #: 03745-303 [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 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 [ 250 ] 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: 6" oak tree N of site

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

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

L

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

The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.

T

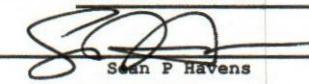
H

E

SPECIFICATIONS BY: Robert W Ford

TITLE:

M. Contractor

APPROVED BY:   
Sean P. Havens

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 08/22/2022

EXPIRATION DATE:

02/22/2024

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

Incorporated: 64E-6.003, FAC

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