



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

FW

PERMIT NO. 24-0111  
DATE PAID: 5/20/2024  
FEE PAID: 505.33  
RECEIPT #: 2072518

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ] MOD

APPLICANT: Oscar Barton (OSTS) EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 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

OSTDS REMEDIATION PLAN? [ Y / N ]

LOT: P-16 BLOCK: \_\_\_\_\_ SUBDIVISION: Ichetucknee Wilderness PLATTED: 1970

PROPERTY ID #: 06-651603784-116 ZONING: MH I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5.04 ACRES WATER SUPPLY: [ X ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 4360 SW Quarter Ln, FW

DIRECTIONS TO PROPERTY: \_\_\_\_\_

BUILDING INFORMATION

[ X ] 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>OLD MH</u>	<u>2</u>	<u>672</u>	
2	<u>NEW MH</u>	<u>4</u>	<u>1525</u>	
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Robert Ford III DATE: 5/20/2024

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

Incorporated 62-6.004, FAC





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

PERMIT #: **12-SC-2903239**  
APPLICATION #: **AP2072510**  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: **PR2086530**

CONSTRUCTION PERMIT FOR: OSTDS Existing Modification

APPLICANT: OSCAR\*\*24-0424 BARTON

PROPERTY ADDRESS: 436 SW QUARTER Fort White, FL 32038

LOT: 16 BLOCK: \_\_\_\_\_ SUBDIVISION: Ichetucknee Wilderness

PROPERTY ID #: 03784-116 [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 Existing 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: 20" oak tree NW of site

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

E BOTTOM OF DRAINFIELD TO BE [ 37.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 5.00 ] 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.  
T Add 277sqft of drainfield to existing 223sqft for a total of 500sqft for the new 4 bedroom home. Contractor has requested  
H system be installed at 44" BBM with 5 inches of fill, system to be installed at same elev. as original.  
E  
R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

APPROVED BY: Kyle B Roberts TITLE: Environmental Manager Columbia CHD

DATE ISSUED: 05/31/2024 EXPIRATION DATE: 11/30/2025

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

Incorporated 62-6.004, FAC

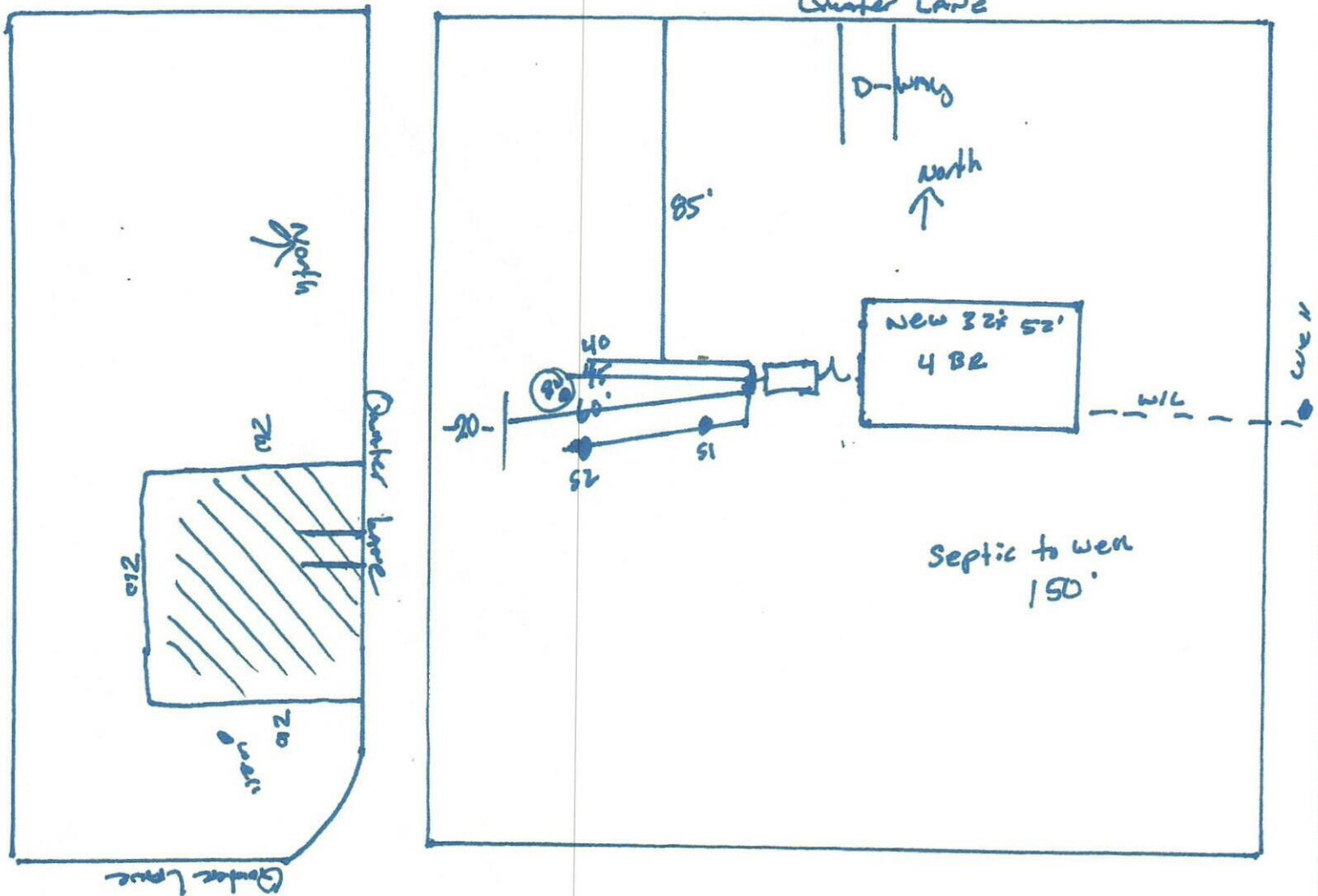
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24-0424

PART II - SITEPLAN

Burton



Robert Ford III

2-5-2024

\_\_\_\_\_

Date 5/30/24

By SEA

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Columbia

County Health Department

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Incorporated: 27 APR 1964