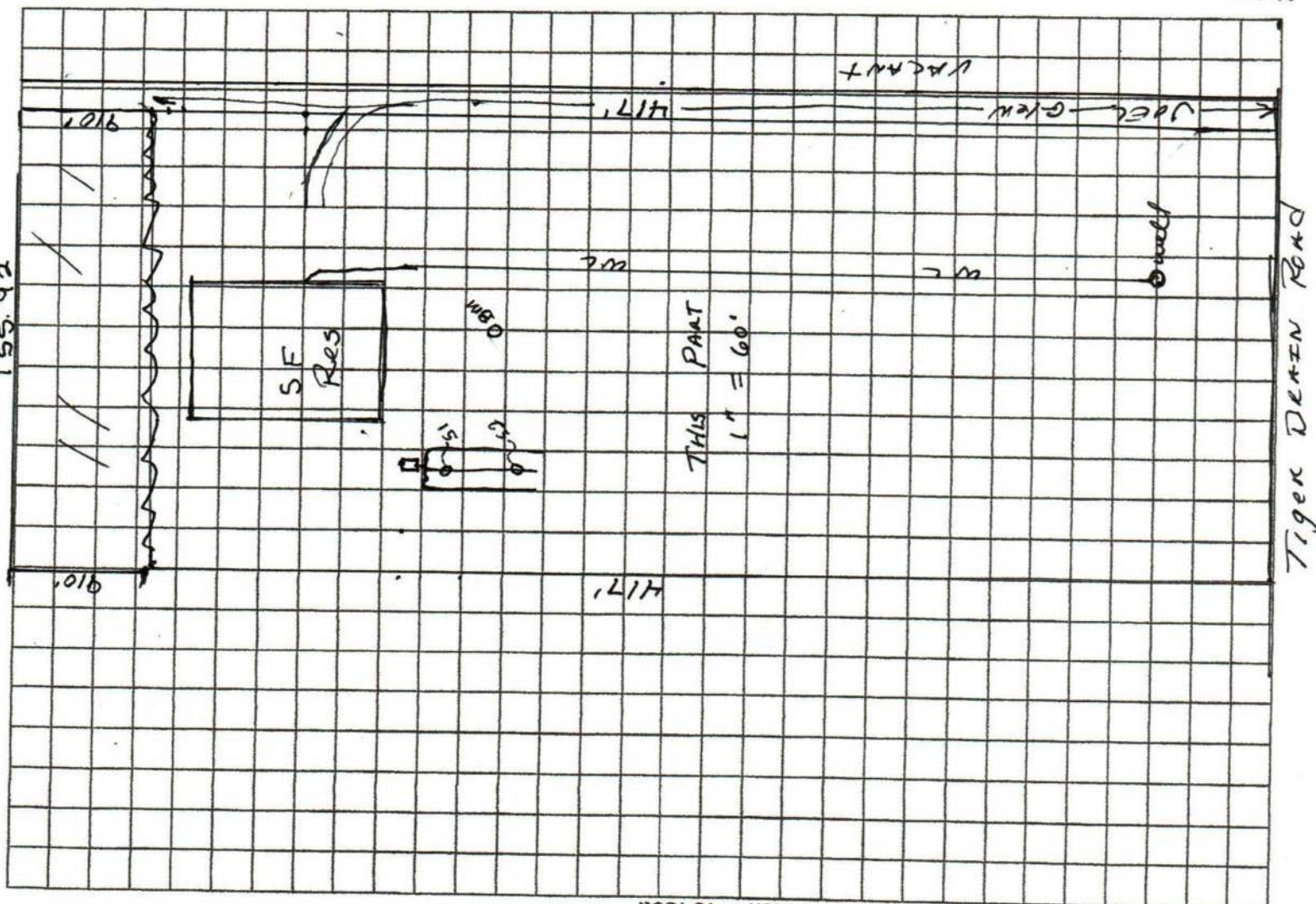


Permit Application Number.

Boyko

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



Notes:

Site Plan submitted by: Robert W. Ford h. Date: 4/20/00
Plan Approved Yes Not Approved _____
By: Donna Ford ES2 Columbia
County Health Department
Date 4/24/00

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

APPLICATION FOR:
☒ New System
☐ Repair

APPLICANT: Jodi and Michael Boyko
☐ Existing System
☐ Abandonment
☐ Holding Tank
☐ Temporary
☐ Innovative

AGENT: Robert W Ford Jr. NEST INC.
MAILING ADDRESS: 741 SE State Rd 100 LC FIA 32025
TELEPHONE: 755-6372

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.

LOT: — BLOCK: — SUBDIVISION: —

PROPERTY ID #: 23-25-15-00074-000 ZONING: SF
PROPERTY SIZE: 4.75 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ I/M OR EQUIVALENT: ☐ Y / ☐ N
IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N

PROPERTY ADDRESS: 110 Joel Glen
DIRECTIONS TO PROPERTY: Hwy 41 N to Suwannee Valley Rd TL
Follow to Tiger Drain TR Follow around curve
to Joel Glen TL Site on left

BUILDING INFORMATION

Unit No. 1 Type of Establishment New Home
No. of Bedrooms 3 Building Area Sqft 2400
Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

4
3
2
1
[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: Robert W Ford Jr
DATE: 4/20/2020
Incorporated 64E-6.001, FAC
DH 4015, 08/09 (Obsolates previous editions which may not be used)

PERMIT NO. 20-0313
DATE PAID: 4-23-20
FEE PAID: 310.00
RECEIPT #: AP1480577



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

PERMIT #: 12-SC-2057819
APPLICATION #: AP1480577
DATE PAID: 4/23/20
FEE PAID: \$30.00
RECEIPT #:
DOCUMENT #: PR1325277

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: Michael Boyko

PROPERTY ADDRESS: 110 Joel Gln White Springs, FL 32096

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 23-2S-15-00076-000
[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 1,050] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A 1] GALLONS / GPD N/A CAPACITY
N 1] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K 1] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #pumps []

D 500] SQUARE FEET Drainfield SYSTEM
R 1] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [] TRENCH [] BED []

N LOCATION OF BENCHMARK: 48" stump NE 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

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

O 400 gpd.
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

APPROVED BY: Sean P. Boyko TITLE: Environmental Specialist I

DATE ISSUED: 04/24/2020 EXPIRATION DATE: 10/24/2021

Page 1 of 3
Incorporated: 64E-6.003, FAC
DH 4016, 08/09 (obsoletes all previous editions which may not be used)

SE1274400
AP1480577
v 1.1.4

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order".

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.