



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

PERMIT NO: 24-0534  
DATE PAID: 6-25-24  
FEE PAID: 378.00  
RECEIPT #: 2899 628

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Daniel & Jeanne Decker EMAIL: rockyford@windstream.net  
AGENT: A&B Construction TELEPHONE: 386-497-2311  
MAILING ADDRESS: 544 SW Dortch St, Ft. White, FL. 32038

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: 8 BLOCK: NA SUBDIVISION: Brothers Welcome Airpark PLATTED:

PROPERTY ID #: 12-48-16-02935-010 ZONING: I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 0.69 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: SW Sisters Welcome Rd, Lake City, FL.

DIRECTIONS TO PROPERTY: TL onto NW Main Blvd, TR 32025  
onto US-90W, TL onto SW Sisters Welcome Rd.

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	SF Residential	1	920	H&C
2	Hanger	0	1800	Not H&C
3				
4				

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

SIGNATURE: William A. Bishop II DATE: 6-21-24





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

PERMIT #: **12-SC-2933909**  
APPLICATION #: **AP2099663**  
DATE PAID: **6/25/24**  
FEE PAID: **316.00**  
RECEIPT #:  
DOCUMENT #: **PR2123237**

CONSTRUCTION PERMIT FOR: **OSTDS New**  
APPLICANT: **DANIEL\*\*24-0534 DECKER**  
PROPERTY ADDRESS: **SW SISTERS WELCOME Lake City, FL 32025**  
LOT: **8** BLOCK: SUBDIVISION: **Brother's Welcome Airpark**  
PROPERTY ID #: **02935-010** [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 [ 400 ] GALLONS / GPD Aerobic Treatment Unit 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 [ 282 ] 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: Nail in oak W of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 12.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 25.00 ] [ INCHES ] FT [ ] ABOVE [ ] BELOW BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: [ 5.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.  
T Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also  
H required. Maintenance contract with fee also required before final system approval.  
E Contractor has requested system be sized off 300GPD, minimum requirement is 188sqft of drainfield for the 1 bedroom  
R dwelling.

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

APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

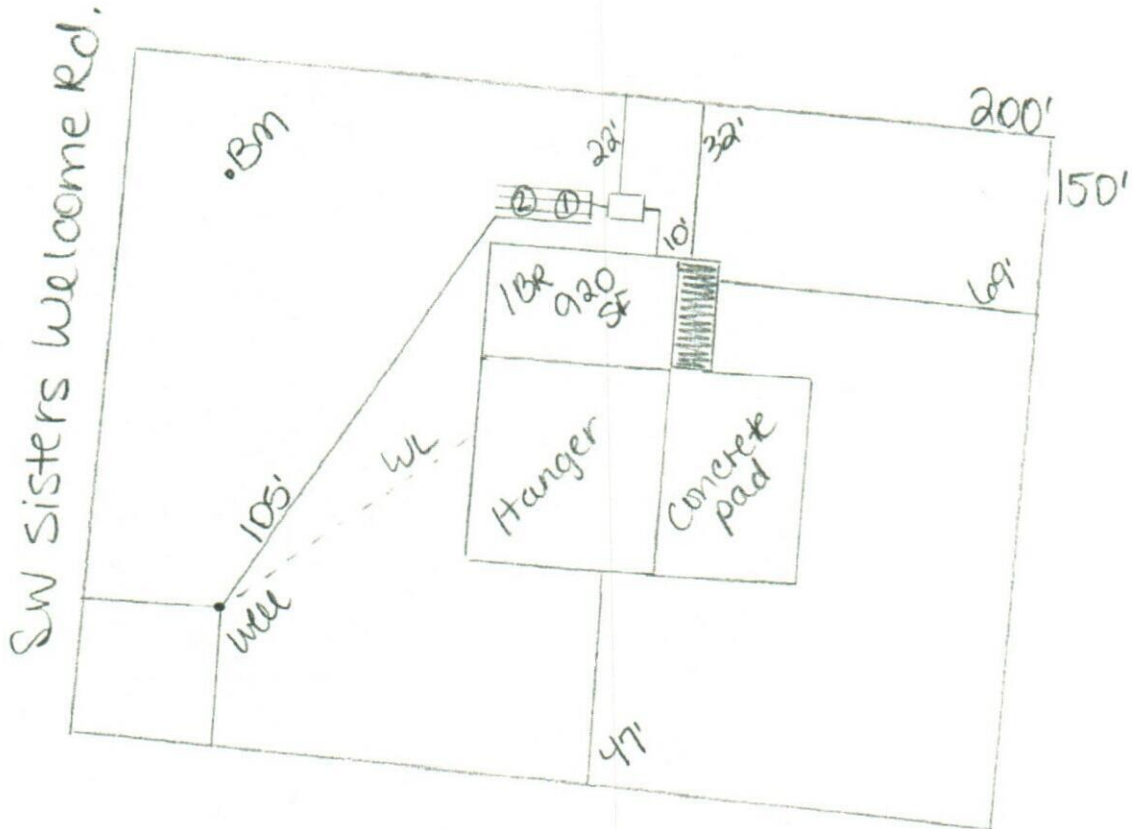
DATE ISSUED: 07/08/2024 EXPIRATION DATE: 01/08/2026

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

KR

24-8534 Decker  
lin = 40 ft.  
6-21-24

↑N



William L. Bishop II



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

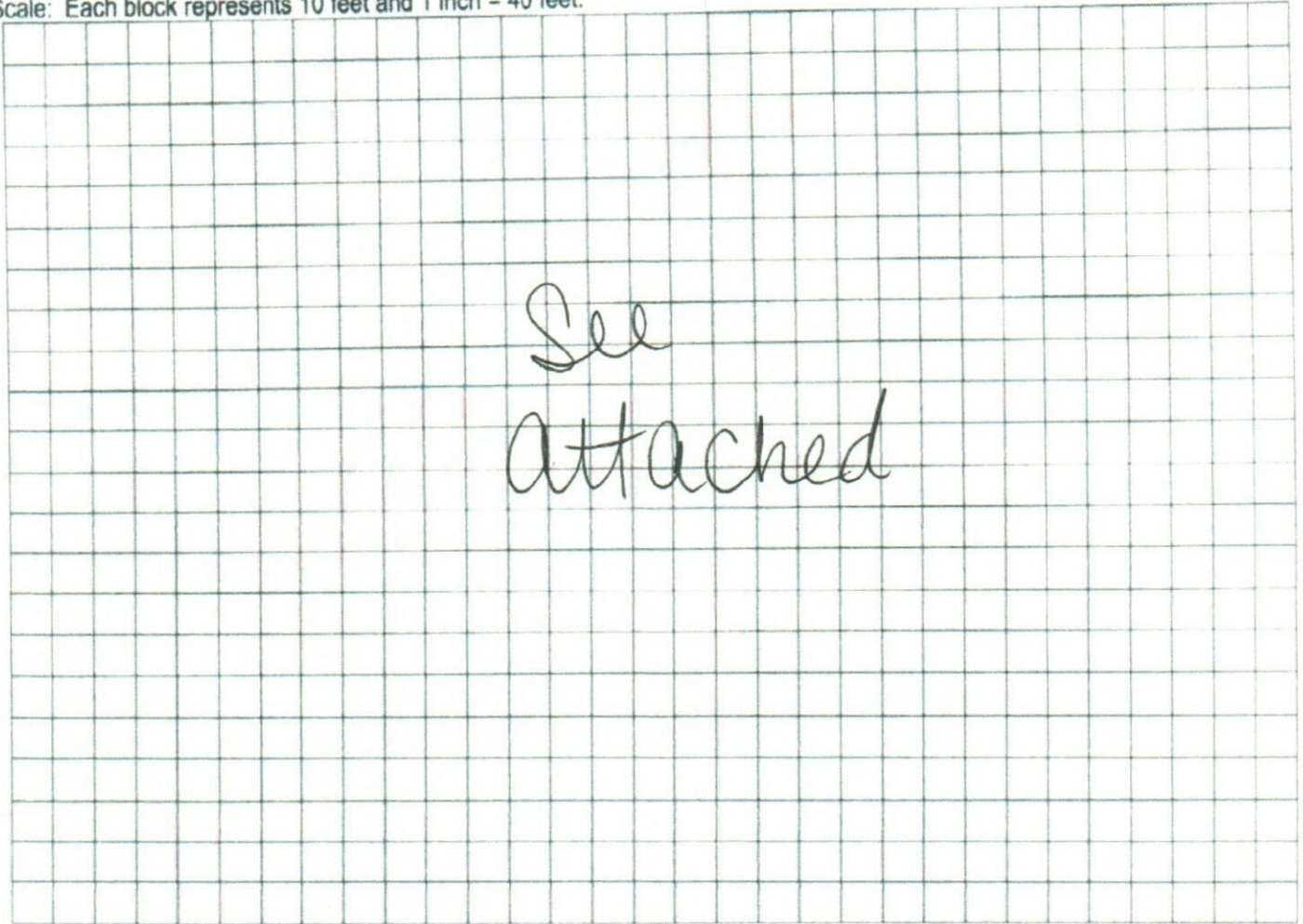
Permit Application Number

24-0524

Decker

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: William A. Bishop II

Master Contractor

Plan Approved

Not Approved

Date 7/8/24

By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004.F.A.C.