STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Applicant Altman Permit Number 86-434

PART II - SYSTEM INSTALLATION INSPECTION AND FINAL INSTALLATION APPROVAL

Installer A+B - Now LDDT Tank Manufacturer A+B

Proper tank legend: Yes X No ____ Tank material pre-cast Tank level: Yes X No ____

Tanks watertight: Yes X No ____ Tank size: 1050 gallons ____ gallons ____ gallons

Proper tank outlet device: Yes X No ____ Manhole or marker to grade: Yes X No ____

Drainfield Trench				Absorption Bed
Length	Width	Length	Width	Length ____ feet x ____ feet = ____ ft²
52½ feet	2 feet 105	____ feet	____ feet	Length ____ feet x ____ feet = ____ ft²
60 feet	2 feet 120	____ feet	____ feet	Proper No. drainlines: Yes ____ No ____
____ feet	____ feet	____ feet	____ feet	Proper pipe separation: Yes ____ No ____
Total = 225 ft²		Total = ____ ft²		Distribution box level: Yes ____ No ____

Systems located as permitted: Yes X No ____

Systems including plumbing stub-outs installed at proper elevation: Yes X No ____

Average depth to drainpipe invert from finished grade: 20 inches Maximum depth: 20 inches

Average depth of drainfield gravel: ____ inches Minimum depth of gravel: ____ inches LDDT

Proper gravel size: Yes X No ____ Gravel is suitable quality: Yes ____ No ____

Backfill or fill material as required: (Quality) Yes X No ____ (Quantity) Yes X No ____

Other findings:

8/11/86 Need to see tank
Need to level lines LDDT
EQW
DE
done 8/12/86

Inspected by: EQ Wilson, RS Date 8/11/86

PART III - FINAL INSTALLATION APPROVAL

Date 8/11/86 Approved by: EQ Wilson RS Columbia
COUNTY PUBLIC HEALTH UNIT

AN APPROVED INSTALLATION DOES NOT GUARANTEE PERFORMANCE

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

HRS—H Form 4015, Feb 85 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-002-4015-0)

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

Authority: Chapter 381, FS
Chapter 10D-6, FAC

Date of Application 8-4-86 Permit Application Number 86-434
Receipt # 27203 $70.00

PART I - APPLICATION

Name of Owner Nella Altman Telephone Number 755-6164
752-1882 Ex 326

Mailing Address of Owner P.O. Box 1172, Lake City 32056

Owner's Agent ______ Builder ______

Agent's Mailing Address ______ Telephone No. ______

Property Street Address C-247 - Tamayack Lane.

Lot No. ______ Block No. ______ Subdivision ______ Date Subdivided ______

NOTE: IF NOT IN A SUBDIVISION ATTACH A METES AND BOUNDS DESCRIPTION

This Application is for: New System ✓ Repair ______ Existing System ______

Type of Establishment	Sewage Flow (Gallons per day)	Sewage Flow Based On

TOTAL FLOW = ______

Type of Residential	No. Bedrooms (each dwelling unit)	Heated or Cooled Area (each dwelling unit)	No. Dwelling Units	Sewage Flow (Gallons per day)
Mobile Home	3 BR.	12 X 70 ft²	1	450
		ft²		

Exact Directions to Property SR 247 To Tamayack Lane Turn right on Keen Dr First house on left.

AUDIT CONTROL NO. № 42694 Applicant's Signature [signature]

HRS-H Form 4015, Feb 86 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4015-1)

VOID AFTER ONE CALENDAR YEAR FROM DATE OF ISSUANCE

Page 1 of 3

APPLICATION FOR PERMIT - COLUMBIA COUNTY

No. 8-03

☑ Mobile Home ☐ Travel Trailer ☐ Pump Pole ☐ Utility Pole

Date August 4, 1986

Applicant Nava Altman

Mailing Address P.O. Box 1172 Lake City, Fl. 32055 Phone 755-6164

Owner of Property Same

Street Address or Location of Property C-247 to Tammarack Lane on the right to Kenn Dr. 2nd trailer right first house on the ~~left~~ right

Size of Mobile Home: Floor Area 841 Width 12 Depth 70

Set-Up: ( ) Existing (X) New

LEGAL DESCRIPTION OF PROPERTY

Trailer Park Section 16 Township 4 South Range 16 East

Lot Block Unit Present Zoning Agricultural

MINIMUM SETBACK REQUIREMENTS

Principal Building - North South East West

Accessory Building - North South East West

I hereby certify that I understand and will fully comply with all requirements of the Columbia County Zoning Regulations, State Rules of Division of Motor Vehicles and Sanitary Code in connection with the herein proposed Application.

Signed APPLICANT

I hereby certify that I have examined this application and determined that the proposed complies with all requirements of the Columbia County Zoning Regulations.

Date August 4, 1986 Signed ZONING COMMISSION

I hereby certify that I have examined this application, and determined that the proposed sanitary facilities (see below) and water supply are adequate. Approved Facilities:

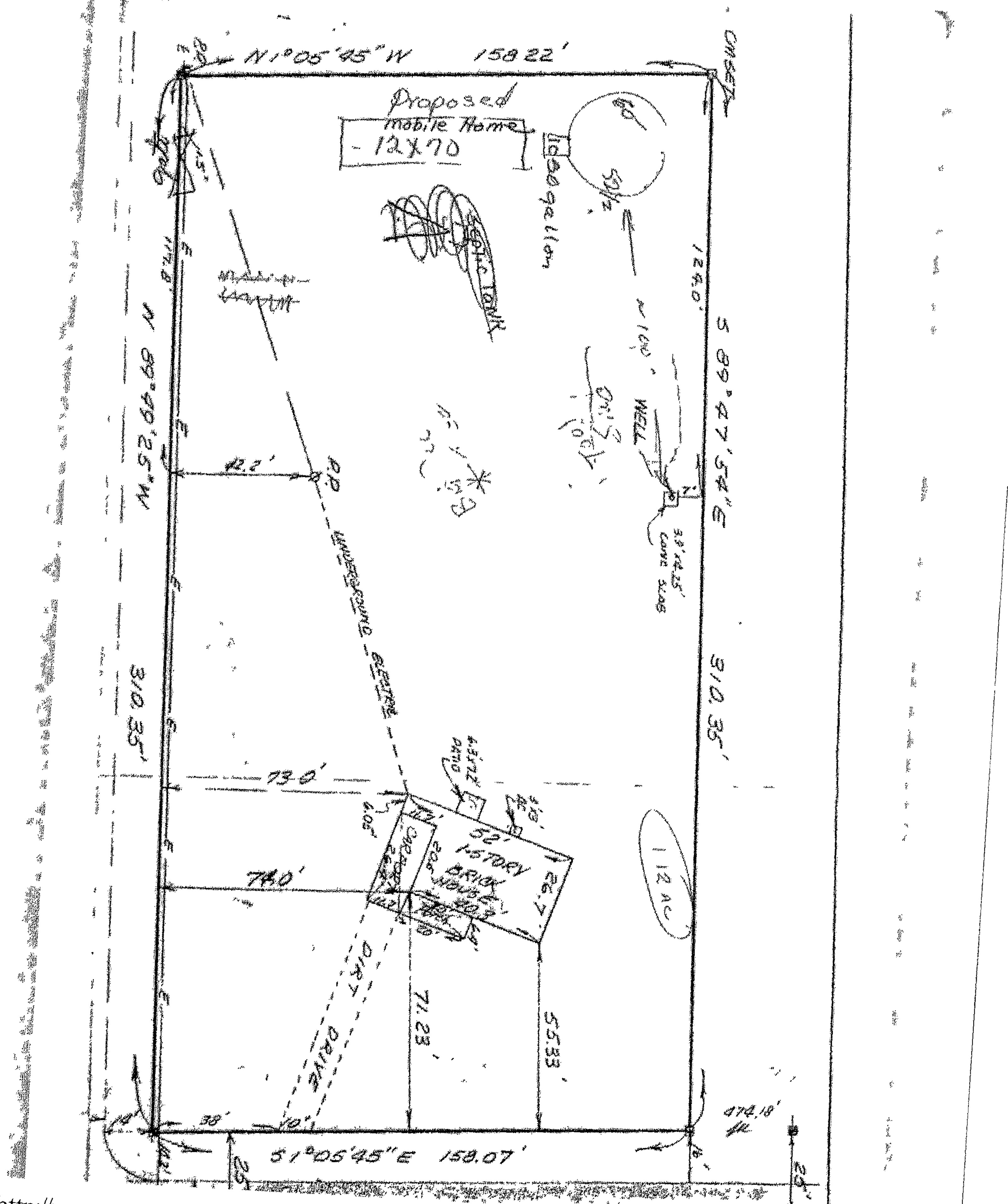
Septic Tanks 500 Drainfields 250 Other

Date 8/4/86 Signed HEALTH DEPARTMENT

Date Signed BUILDING DEPARTMENT

Fee $ 40.00

PLOT PLAN


Proposed
mobile Home
12X70
310.35'
158.22'
158.07'
WELL
DIRT DRIVE
BRICK HOUSE
1 STORY
1.12 AC
71.23
55.33
73.0'
74.0'