

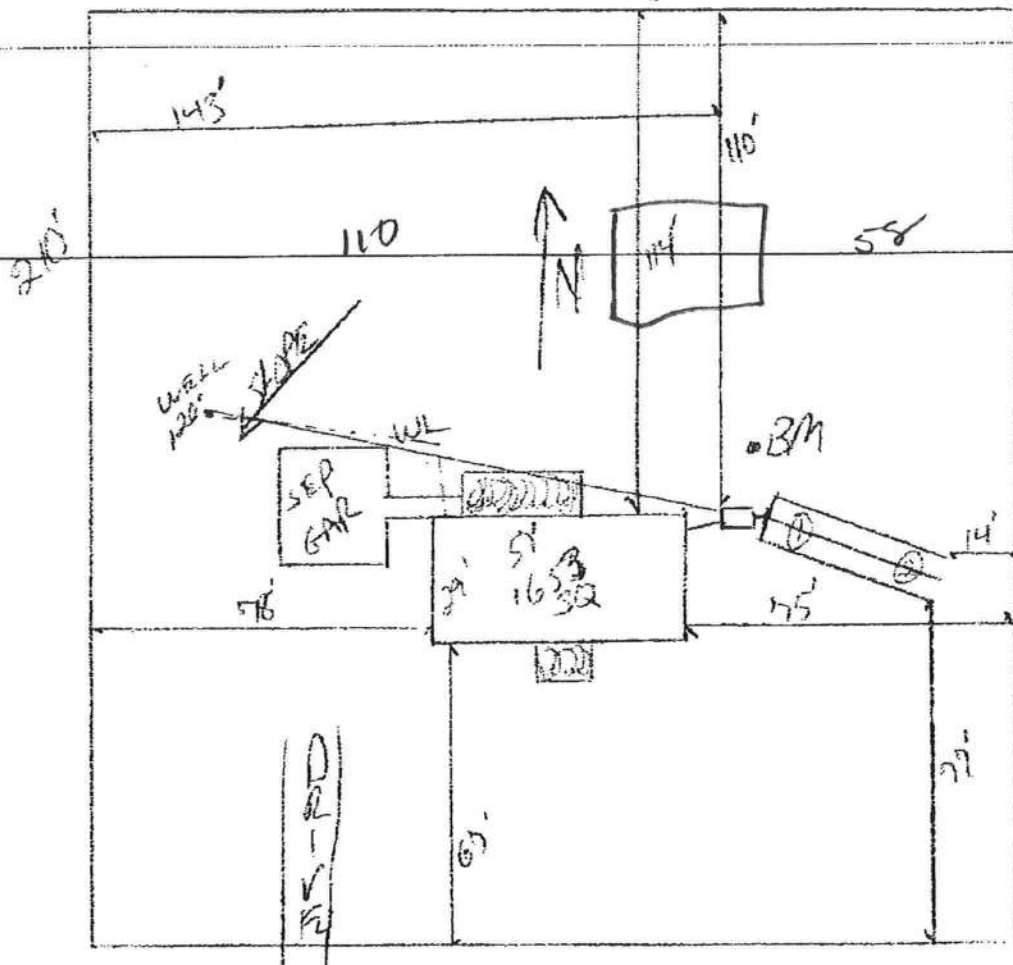
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 12-0337

William

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes:

10/10.4 SEE ATTACHED

Site Plan submitted by:

Plan Approved

By

Not Approved

MASTER CONTRACTOR

Date _____

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
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 12-0337
DATE PAID: 7/18/12
FEE PAID: 38.08
RECEIPT #: 1912557
AP 1878815

APPLICATION FOR:

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

APPLICANT: James WillmannAGENT: ROCKY FORD, A & B CONSTRUCTIONTELEPHONE: 386-497-2311MAILING ADDRESS: P.O. BOX 39 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) (a) 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: 26 BLOCK: na SUB: Cardinal Farms unr PLATTED: 2001PROPERTY ID #: 11-65-16-03815-126 ZONING: Ag - I/M OR EQUIVALENT: ☐ Y ☒ NPROPERTY SIZE: 10.4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐]<=2000GPD ☐]>2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: FTPROPERTY ADDRESS: SW Crownhill Court, Fort White, FL, 32038DIRECTIONS TO PROPERTY: 47 South, TL on Herlong, TR on Skyline Loop, TR onCrownhill Ct, 1000 feet to gat on left, site on top of hill

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft | Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC |
|---------|-----------------------|-----------------|--------------------|--|
| 1 | SF Residential | 3 | 1653 | |
| 2 | | | | |
| 3 | | | | |

☒ Floor/Equipment Drains ☒ Other (Specify) SIGNATURE: Rocky D FordDATE: 7/13/2012



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

PERMIT #: **12-SC-1421072**
APPLICATION #: **AP1078015**
DATE PAID: **7-18-12**
FEE PAID: **210.00**
RECEIPT #: **1912557**
DOCUMENT #: **PR881057**

CONSTRUCTION PERMIT FOR: **OSTDS New**

APPLICANT: **JAMES**12-0337 WILLMANN**

PROPERTY ADDRESS: **SWCROWNHILL Ct Fort White, FL 32038**

LOT: **26** BLOCK: SUBDIVISION: **CARDINAL FARMS**

(SECTION, TOWNSHIP, RANGE, PARCEL NUMBER)

PROPERTY ID #: **03815-126**

(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 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 [375] 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 tree N of system site

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

E BOTTOM OF DRAINFIELD TO BE [41.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

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

1. The 911 address shall be required before final approval.

SPECIFICATIONS BY: Rocky D Ford

TITLE: M Contractor

APPROVED BY: Sallie Ford

TITLE: Environmental Health Director

Columbia CHD

DATE ISSUED: 07/25/2012

EXPIRATION DATE: 01/25/2014

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

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Incorporated: 64E-6.003, FAC

v 1.1.4

AP1078015

03875262