



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

FW

CR # 20-00314

PERMIT NO. 23-0579
DATE PAID: 8/9/23
FEE PAID: 310.00
RECEIPT #: 1982611

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: MOSE & DANYEL PRICE

AGENT: BLAKE CONSTRUCTION CO OF NORTH FLORIDA INC

TELEPHONE: (386) 754-5810

MAILING ADDRESS: 618 SW FLORIDA GATEWAY DRIVE

LAKE CITY

FL 32024

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

LOT: N/A 8 BLOCK: N/A SUBDIVISION: OLD NIBLACK FARMS URSD PLATTED: _____

PROPERTY ID #: 06-75-07-09925-108 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 10.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 302 SW CROW TERRACE FORT WHITE

DIRECTIONS TO PROPERTY:

FROM FORT WHITE, TAKE STATE ROAD 18. TURN RIGHT ON OLD NIBLACK AVENUE AT CURVE. TURN LEFT ON HENDERSON DRIVE.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	<u>HOUSE</u>	<u>3</u>	<u>1,544</u>	<u>1685</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Blake N Lunde II

DATE: 08/07/2023



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

PERMIT #: 12-SC-2763883
APPLICATION #: AP1982611
DATE PAID: 8/1/23
FEE PAID: 30.00
RECEIPT #:
DOCUMENT #: PR1983563

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: MOSE**23-0579 PRICE
PROPERTY ADDRESS: 302 SW CROW Fort White, FL 32038
LOT: 8 BLOCK: SUBDIVISION: Old Niblack Farms
PROPERTY ID #: 09925-108 [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 New Multi-Chambered 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 []

F LOCATION OF BENCHMARK: Nail in 12" oak tree southeast of system site

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

E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT

L

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

O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

T
H
E
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

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

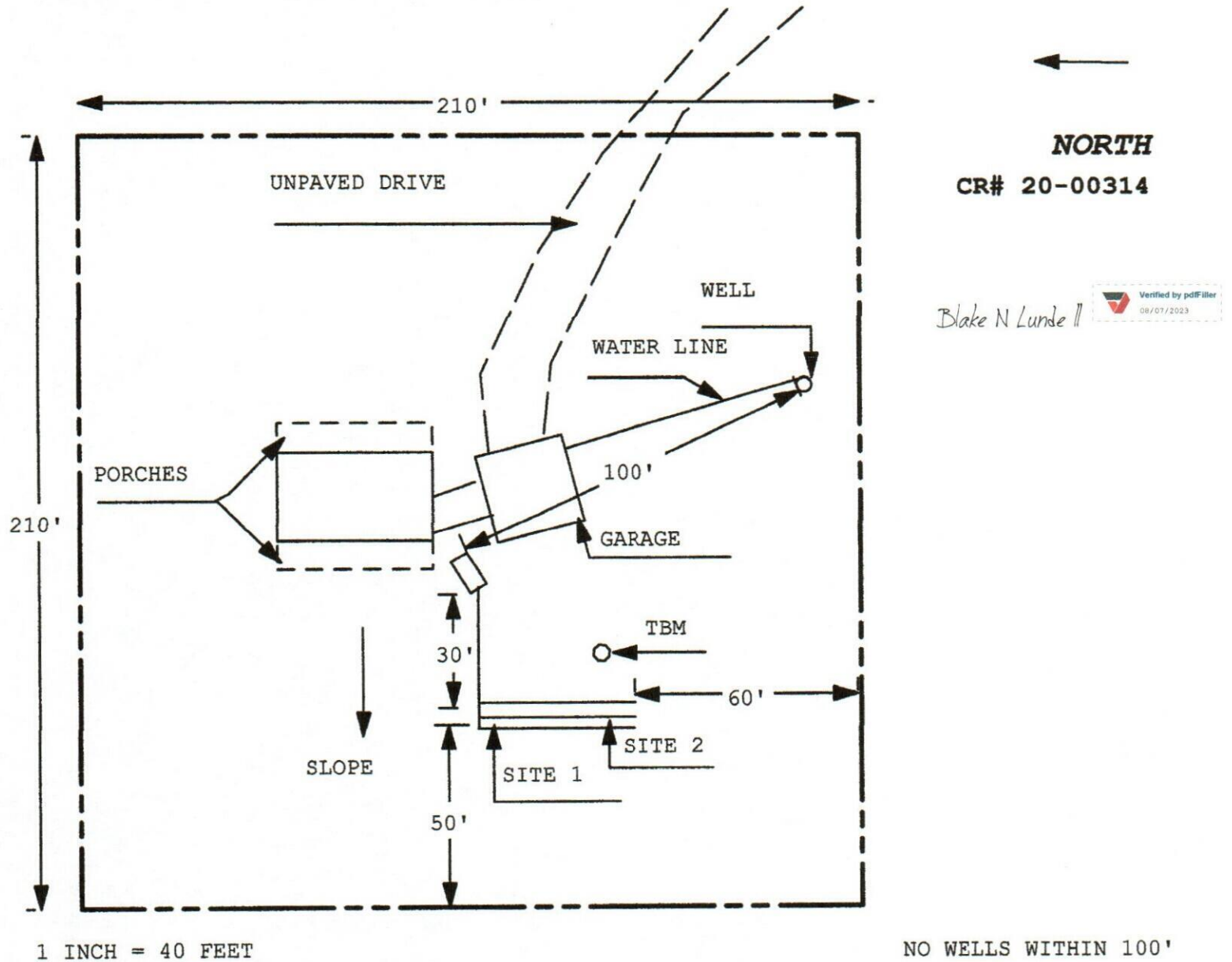
DATE ISSUED: 08/14/2023 EXPIRATION DATE: 02/14/2025

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

Incorporated: 64E-6.003, FAC

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 23-0579

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul Lunde Date 8/5/23
Plan Approved ☒ Not Approved ☐ Date 8/10/23

By [Signature] 152 Columbia CPHU

Notes: _____