

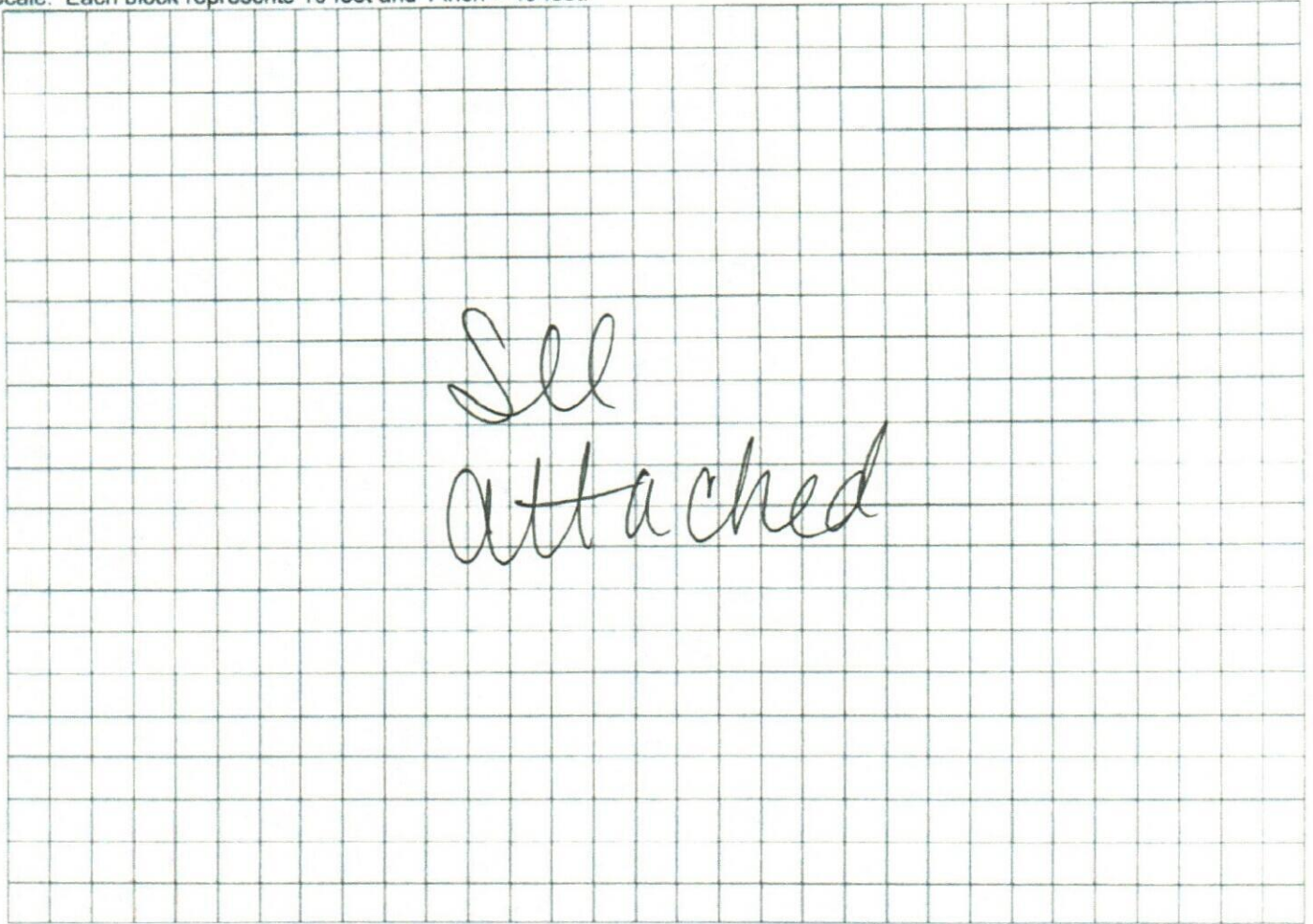
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0611

Elfers

PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

Kathy D. J. D.

master contractor

Plan Approved

Not Approved

Date 8/24/23

By [Signature] ESL Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

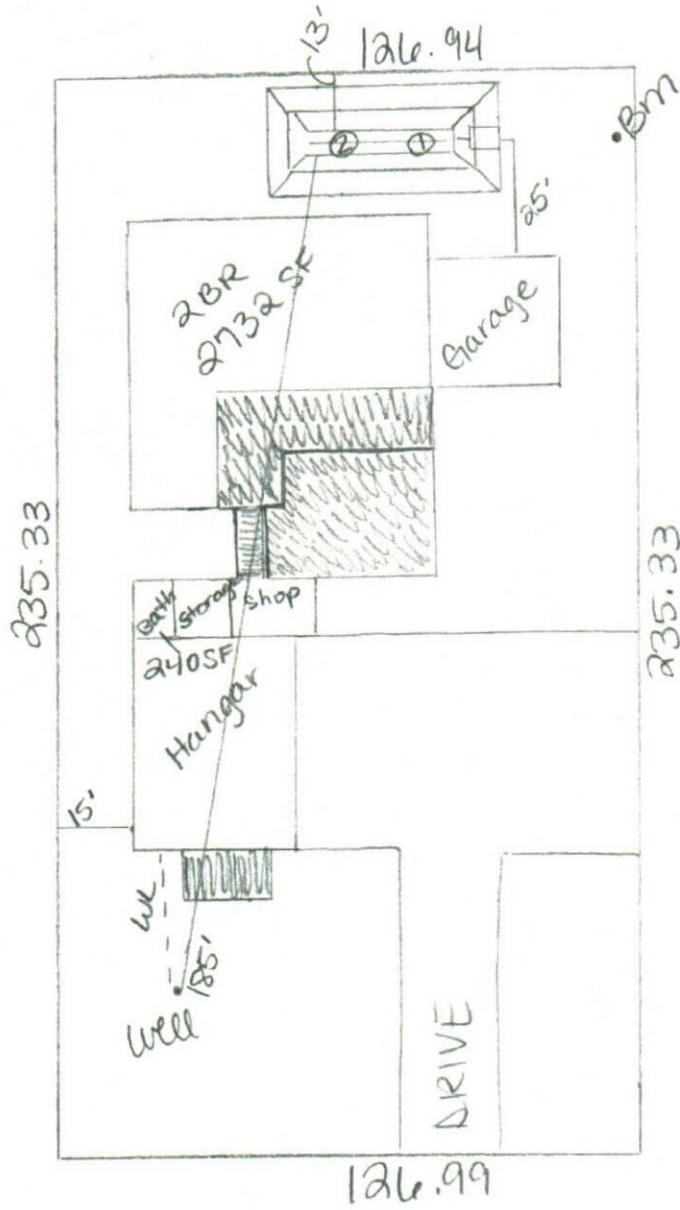
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Incorporated: 62-6.004, F.A.C.

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23-0611
 Elfers
 8-18-23
 1 in = 40 ft.

↑ N



SW Brothers Ln.

Roddy D. F. D.



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

PERMIT NO. 230411
DATE PAID: 8/23/23
FEE PAID: 310.00
RECEIPT #: 1985342

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Fredrick Elfers Trustee EMAIL: RockyFord@
AGENT: A&B Construction windstream.net
MAILING ADDRESS: 546 SW Dortch St, Ft. White, FL 32038 TELEPHONE: 386-497-2311

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: 4 BLOCK: NA SUBDIVISION: Southern Landings PLATTED: Animation

PROPERTY ID #: 12-48-16-02941-104 ZONING: Animation I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 0.68 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N

DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 381 SW Brothers Ln, Lake City, FL.

DIRECTIONS TO PROPERTY: TR onto US-90 W, TL onto SW Sisters Welcome Rd, TL onto SW Brothers Ln.

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	2	2732	400
2	Bath in hangar	0	240	100
3			2972	500 GPD
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Rocky D. Ford DATE: 8-18-23

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Incorporated 62-6.004, FAC



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

PERMIT #: 12-SC-2768211
APPLICATION #: AP1985362
DATE PAID: 8/23/23
FEE PAID: 30.00
RECEIPT #: _____
DOCUMENT #: PR1998079

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: FREDRICK**23-0611 ELFERS TRUSTEE
PROPERTY ADDRESS: 381 SW BROTHERS Lake City, FL 32024
LOT: 4 BLOCK: _____ SUBDIVISION: Southern Landings
PROPERTY ID #: 02941-104 [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 [500] 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 [469] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [x] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

N
F LOCATION OF BENCHMARK: Nail in pine E of site

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [14.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [16.00] 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 500 gpd.
T System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
H Nitrogen reducing NSF-245 certified aerobic treatment unit required. Maintenance contract and operating permitting also required.
E
R

SPECIFICATIONS BY: Rocky D Ford TITLE: M. Contractor

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

DATE ISSUED: 09/12/2023 EXPIRATION DATE: 03/12/2025

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