



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

mailed

PERMIT #: **12-SC-2188679**
APPLICATION #: **AP1586640**
DATE PAID: 6/22/2020
FEE PAID: 31000
RECEIPT #: 12-PID-4761261
DOCUMENT #: **PR1455109**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: SHIRLEY**20-0848 FISHER
PROPERTY ADDRESS: 362 McGUIRE Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 03068-000 [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 [1,050] GALLONS / GPD New 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 [500] 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 4" post S of site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] / FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES] / FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

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

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T
H
E
R
SPECIFICATIONS BY: Ronald Ford TITLE: Master Contractor

APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 10/23/2020 EXPIRATION DATE: 04/23/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC



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

PERMIT NO. 20-0848
DATE PAID: 10/22/20
FEE PAID: 310.00
RECEIPT #: 1586640

APPLICATION FOR:

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

APPLICANT: Shirley Fisher (Ironwood)
AGENT: Robert Ford III - North Florida Septic Tank TELEPHONE: 755-6372
MAILING ADDRESS: 741 SE State Rd 100, Lake City, FL 32025

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: — BLOCK: — SUBDIVISION: NA PLATTED: 1948

PROPERTY ID #: 19-AS-16-03068-000 ZONING: IMP I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 38.16 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: — FT

PROPERTY ADDRESS: 362 SW McGuire Ter, Lake City

DIRECTIONS TO PROPERTY: TR on 90, TL on 247, TR on CR 242,
TR on McGuire, to 362 on Left

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	<u>mhome</u>	<u>4</u>	<u>1813</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) —

SIGNATURE: Robert Ford III DATE: 10-20-2020

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0848

Fisher

PART II - SITEPLAN

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

See attachment

Notes: _____

Site Plan submitted by: Robert W. Ford III DATE 10-20-2020

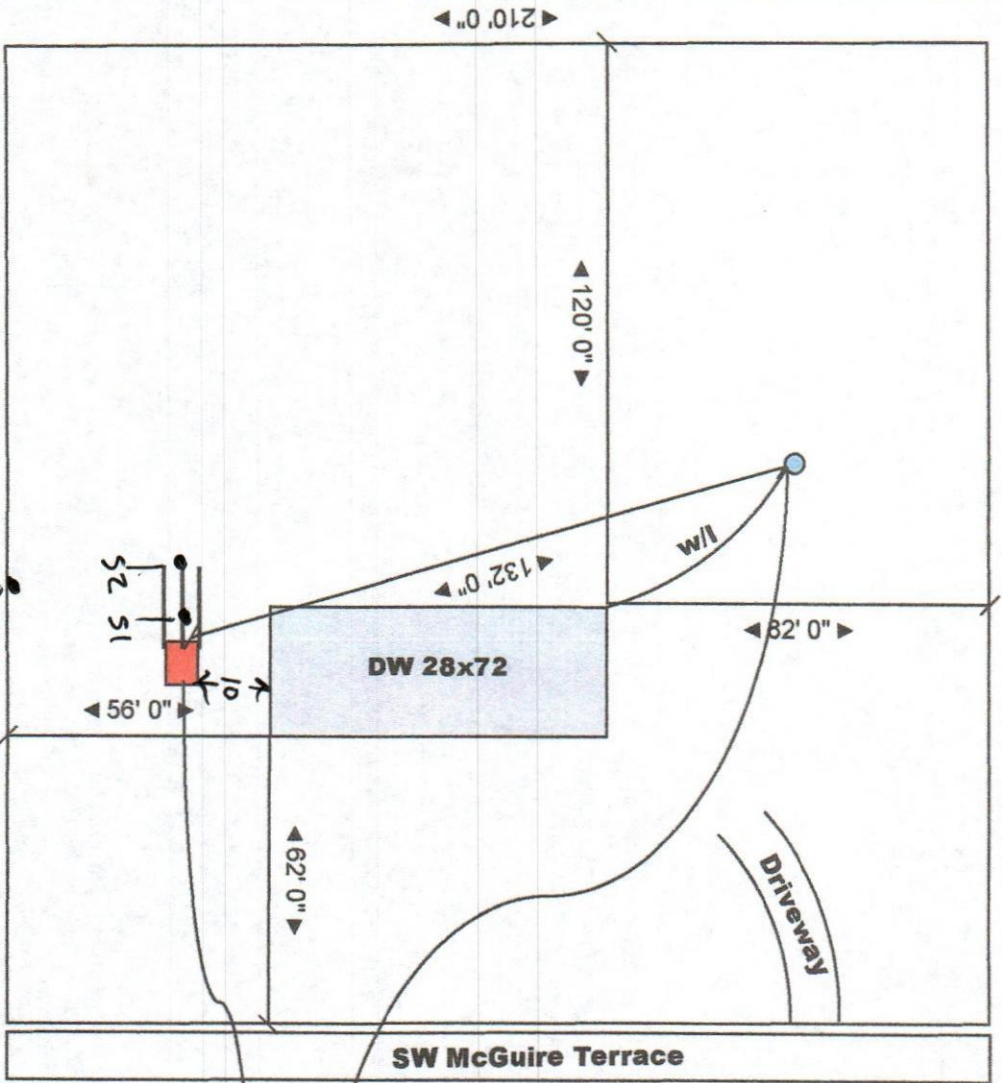
Plan Approved ☒ Not Approved ☐

Date 10/23/2020

By KM Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20-0848



Parcel ID: 19-4S-16-03068-000

10/23/2020

Proposed New Well
Proposed New Septic

8m 4" Post South

146 of 38.16 AC

10-20-2020

Site:	TBD SW McGuire Terrace, Lake City	Drawing:	80930	Project:	00930	Drawn:	Heide M	Notes:	
Title:	Shanga Fisher	Scale:	1"=40'	Date:	09/30/2020	Rev:	A		H&L Customer Service, LLC 301 SW Faul Ct Lake City, FL 32024 (386) 984-9334