



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

PERMIT NO: 21-0702
DATE PAID: 8/19/21
FEE PAID: 318.00
RECEIPT #: 1715267

APPLICATION FOR:

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

APPLICANT: Shelby Bright (Ironwood LLC)
AGENT: Robert Ford III: North Florida Septic TELEPHONE: 755-6372
MAILING ADDRESS: 741 SE State Road 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: 1 BLOCK: 1 SUBDIVISION: NA PLATTED: _____
PROPERTY ID #: 31-35-16-02419-002 ZONING: _____ I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 1.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: _____ FT
PROPERTY ADDRESS: 784 SW Thomas terr. Lake City
DIRECTIONS TO PROPERTY: Hwy 90 to West to Thomas Terr Rd
 +/L to Site on (R)

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>m/home</u>	<u>54</u>	<u>2027</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Robert Ford III DATE: 8-24-2021

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ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: **12-SC-2352639**
APPLICATION #: **AP1715367**
DATE PAID: **8/19/2021**
FEE PAID: **310⁰⁰**
RECEIPT #: **12-PI0-5768310**
DOCUMENT #: **PR1623613**



E-MAILED
NFS

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: SHELBY**21-0702 BRIGHT

PROPERTY ADDRESS: 784 SW THOMAS Lake City, FL 32055

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 02419-002

[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 New 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 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 [54.00] [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 Existing tank and drainfield will be demoed at time of installation.

H

E

R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

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

DATE ISSUED: 08/27/2021 EXPIRATION DATE: 02/19/2023

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

Incorporated: 64E-6.003, FAC

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

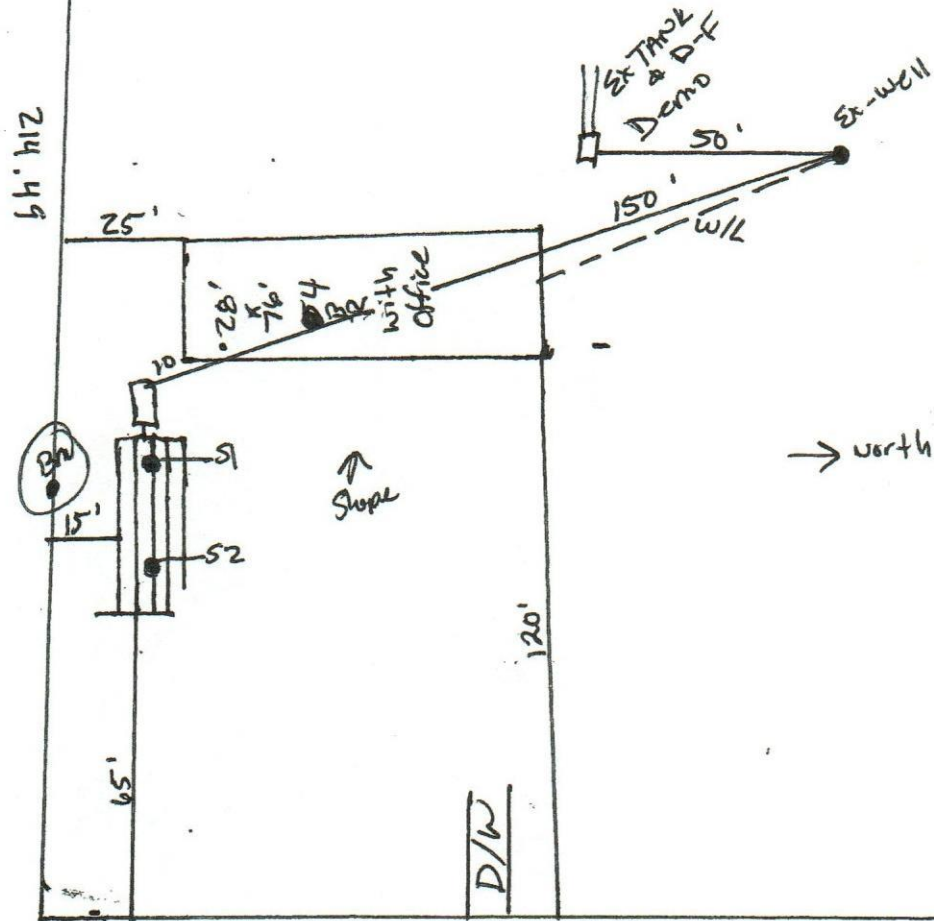
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0702

White

221.57



Thomas Terr.

227.69

Notes:

The Plan submitted by: Robert W. Ford III Date 8-24-2021

Plan Approved

Not Approved

Date 8/27/2021

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

REPORT ON THE PROGRESS OF THE
WORK DURING THE YEAR 1900

1900

