



Permit #

20-0853

Property ID#

32-7S-17-10087-003

Scale 1 inch = 100 feet

368.15

324.96

All well 75' +
no bodies of water

636.98

585.04

12.119

Benchmark Post

5/4x

Septic

new home

PROPOSED ONE STORY RESIDENCE

well

PROPOSED WELL FOR HEMPENHART USE

water line

PROPOSED DRIVEWAY

Drive

Site Plan submitted by

Ron Yuen

M.S.T.C.

Plan Approved

Not Approved

Date

10/26/20

By

John Luper

Columbia

County Health Department

E-mail to (rfrangie@rrchinc.com)
and (purecountryseptic@yahoo.com)



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

PERMIT NO. 20-0853
DATE PAID: 10/22/20
FEE PAID: 310.88
RECEIPT #: 1587014

APPLICATION FOR:

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

APPLICANT: David & Sarah Rendek

AGENT: Ronnie Moore

TELEPHONE: 352-246-3997

MAILING ADDRESS: PO Box 158 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)(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 BLOCK: N/A SUBDIVISION: N/A PLATTED: 2020

PROPERTY ID #: 32-7S-17-10087-003 ZONING: AG I/M OR EQUIVALENT: ☐ Y / ☒ (N)

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

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

PROPERTY ADDRESS: SW Mapleton, ST Fort White FL 32038

DIRECTIONS TO PROPERTY: 47 south to FT White to 27 turn left to SW Mapleton ST turn right
to # 332 on left follow back to site.

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	single family	3	2278	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Ron Moore

DATE: 10/19/20



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

PERMIT #: 12-SC-2189201
APPLICATION #: AP1587014
DATE PAID: 10/23/20
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1455515

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DAVID**20-0853 RENDEK
PROPERTY ADDRESS: SW MAPLETON Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 10087-003 [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 _____ 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 _____ 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 fence post west of site
I ELEVATION OF PROPOSED SYSTEM SITE [30.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [60.00] [INCHES] FT [] [ABOVE / 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 400 gpd.
T
H
E
R

SPECIFICATIONS BY: Ronnie Moore TITLE: Master Contractor
APPROVED BY: Sean P Havens TITLE: Enviromental Specialist I Columbia CHD
DATE ISSUED: 10/26/2020 EXPIRATION DATE: 04/26/2022
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

SP