

# FW



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

PERMIT NO. 21-0584

DATE PAID: 10/30/21

FEE PAID: 318.00

RECEIPT #: 1684561

APPLICATION FOR:

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

APPLICANT: JIMMY SOLER (C&G)

AGENT: ROBERT FORD III    NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 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: ---

PROPERTY ID #: 27-65-16-03950-005    ZONING: ---    I/M OR EQUIVALENT: ☒ No ☐

PROPERTY SIZE: 5.8 ACRES    WATER SUPPLY: ☒ PRIVATE    PUBLIC ☐ ☐ <=2000GPD    ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ No ☐    DISTANCE TO SEWER: --- FT

PROPERTY ADDRESS: 336 SW GASTONIA CT, FORT WHITE FLA 32038

DIRECTIONS TO PROPERTY: Head W on NE Franklin St toward NE Calhoun, follow FL475 to SW Elm Church Rd, continue on SW Elm Church Rd, take W Old Wire to SW Gastonia

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
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1	M/HOME	3	1387	
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2				
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3				
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4				
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☐ Floor/Equipment Drains    ☐ Other (Specify) ---

SIGNATURE: Robert W Ford (u)    DATE: 10/30/21





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

PERMIT #: 12-SC-2317520  
APPLICATION #: AP1684561  
DATE PAID: 6/30/2021  
FEE PAID: 310<sup>00</sup>  
RECEIPT #: 12-PIN-5068007  
DOCUMENT #: PR1594175

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: JIMMY\*\*21-0586 SOLER  
PROPERTY ADDRESS: 336 SW GASTONIA Fort White, FL 32038  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 03950-005 [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 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 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 6" oak tree E 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 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: William D Bishop II TITLE: Master Septic Contractor  
APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD  
DATE ISSUED: 07/01/2021 EXPIRATION DATE: 01/01/2023  
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0584

See attach-  
ment

File:

to Plan submitted by

Robert W. Dand III Date 10/30/21

on Approved

Kell Rogers

Not Approved

Columbia

Date 7/1/2021

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



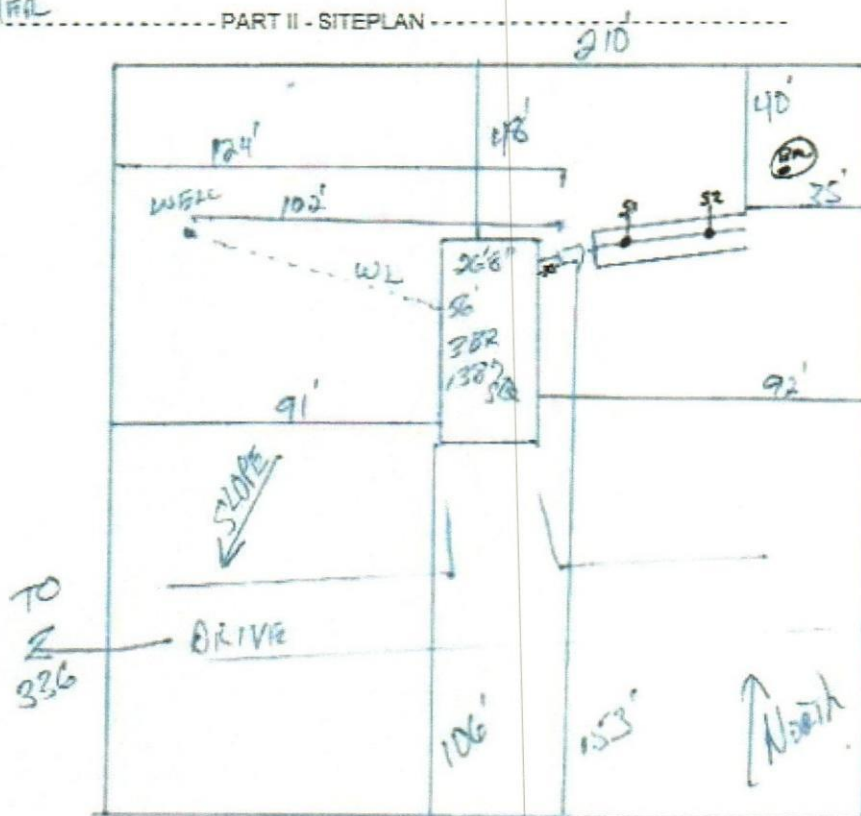
## Permit Application Number

21-0584

Solra

## - PART II - SITEPLAN

201



Notes:

1 of 58 Acres

Site Plan submitted by:

Plan Approved

Not Approved

CONTRACTOR

Date \_\_\_\_\_

By \_\_\_\_\_

County Health Department

DIH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 84E-8, 0D1, FAC  
(Stock Number: 5744-002-4015-5)

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