



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

PERMIT #: 12-SC-2317526
APPLICATION #: AP1684567
DATE PAID: 6/30/2021
FEE PAID: 310⁰⁰
RECEIPT #: 12-PID 5088075
DOCUMENT #: PR1594171

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: AARON**21-0585 WEISSENBORN

PROPERTY ADDRESS: 353 SE BEN OAKS Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 03741-003

[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 [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 20" oak tree 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 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
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

Page 1 of 3

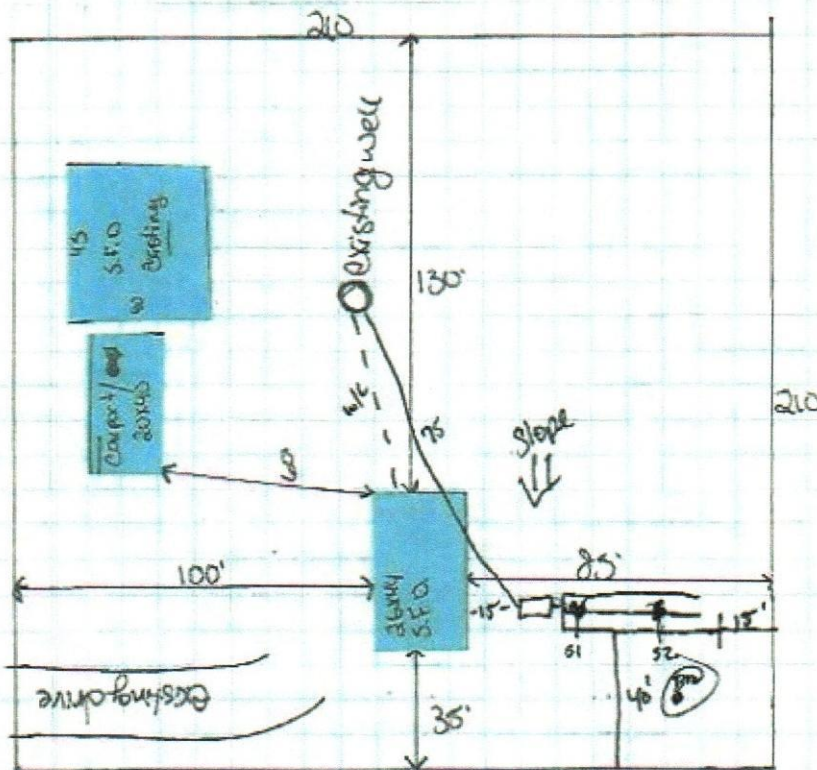
21-0585

Monter / Weissenborn

30-55-16-03741-003

TBD Ben Oak Gln
Lake City #1 32024

1"=40'
loc of 10.12



Kimberly Kamm
x Robert W. Ward III
6/30/21

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-0585

See attachment

Notes:

Its Plan submitted by

Robert W. Dand III, MD

6/8/21

Plan Approved

Not Approved

Date

7/1/2021

V

Kullberg

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

FW



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

PERMIT NO. 21-0585
DATE PAID: 4/30/21
FEE PAID: 318.00
RECEIPT #: 1484587

APPLICATION FOR:

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

APPLICANT: AARON WEISSENBORN

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 #: 30-55-16-03741-003 ZONING: --- I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 10.12 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: 353 SW BEN OAKS GLN, LAKE CITY, FLA 32024

DIRECTIONS TO PROPERTY: SR 2475 to CR 240 TL to Old Ichetucknee
TR to SW Ben Oaks TL follow to site on LL

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	M/HOME	3	1173	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) ---

SIGNATURE: Robert Ford III DATE: 4/30/21