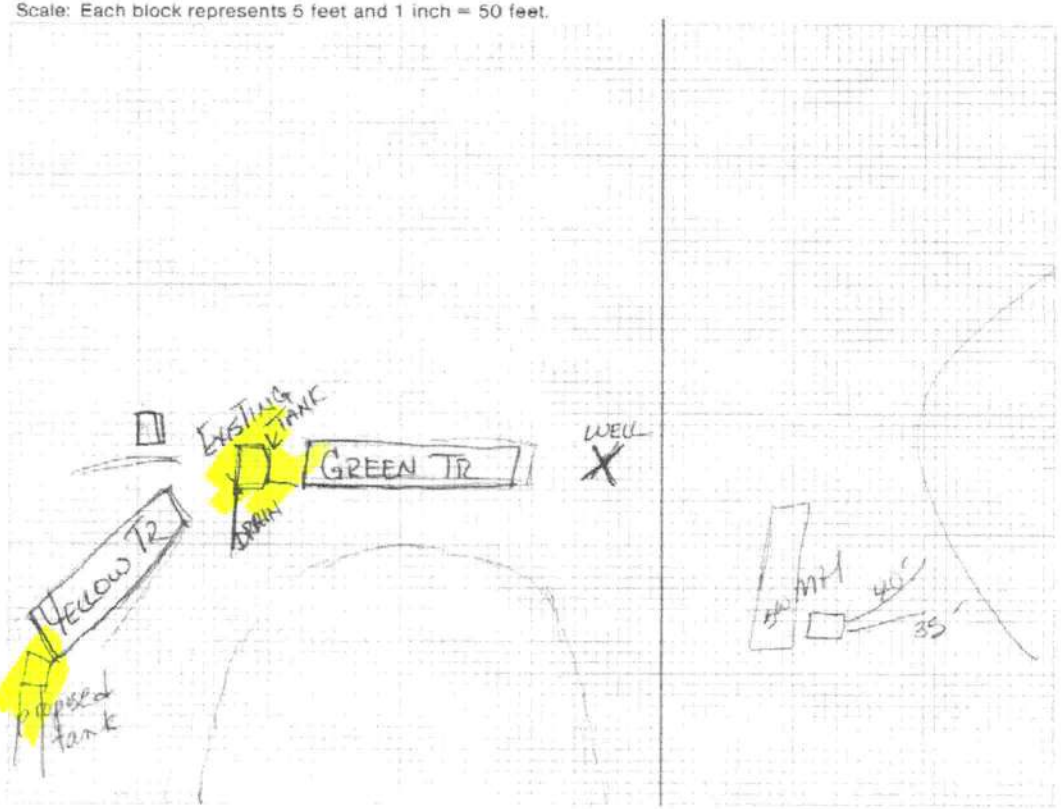
55947

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Permit Application Number 86-119

PART II - SITE PLAN

Scale: Each block represents 6 feet and 1 inch = 50 feet.



Notes:

Site Plan submitted by Sharon M. Jenkins
SIGNATURE TITLE

Plan Approved X Not Approved ____ Date 3/5/86

By E.J. Wilson, RS Columbia County Public Unit

ALL CHANGES MUST BE APPROVED BY THE COUNTY PUBLIC HEALTH UNIT

HRS/H Form 4018, Feb 86 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-002-4013-6)

LAND USE VERIFICATION

DATE 3-3-86 NAME Shannon Jenkins

OLD RESIDENT: ✓ NEW RESIDENT: _____ RELOCATED FROM: _____

DISTRICT: 3 SECTION: V1

The proposed development indicated below complies with the procedures set forth in the Interim Land Use Administration Policy of Columbia County, and is CONSISTENT with the Land Use Plan. This is also to confirm that all the other appropriate County Department/Agencies have authorization to issue other permits as are required based on their own Department/Agency restrictions, if any.

Kim Thomas for
Nelson Bedenbaugh, Planning Coordinator

PROPOSED DEVELOPMENT Mobile Home, Septic

LEGAL DESCRIPTION OF PROPERTY 31-33 11cE

CURRENT LAND USE CLASSIFICATION

___ AGRICULTURE(1-2 DU/ACRE)	___ COMMERCIAL
✓ LOW DENSITY RESIDENTIAL(1-2 DU/ACRE)	___ INDUSTRIAL
___ MODERATE DENSITY RESIDENTIAL(3-4 DU/ACRE)	___ INSTITUTIONAL
___ MEDIUM DENSITY RESIDENTIAL(5-8 DU/ACRE)	___ PARKS&RECREATIONAL
___ HIGH DENSITY RESIDENTIAL(9-18 DU/ACRE)	___ CONSERVATION
___ LEGAL NON-CONFORMING	

PROPERTY SIZE 2½ ACRES

NUMBER OF DWELLINGS PRESENTLY ON PROPERTY 2 + MH unspecified accessory on property

THE INFORMATION I HAVE GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Shannon Jenkins
APPLICANT'S SIGNATURE

FLOOD ZONE ___ OR no ZONE A CERTIFICATE COMPLETED N/A

DEVELOPMENT PERMIT REQUIRED no OR ___ DEVELOPMENT PERMIT # N/A

COMMENTS: NE ¼ of NE ¼ of SE ¼ of NW ¼

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

Authority: Chapter 381, FS
Chapter 10D-6, FAC

Date of Application 3-3-86 Permit Application Number 86-119
Receipt # 28000 $70.00

PART I - APPLICATION

Name of Owner Dale & Shirley Williams Telephone Number 752-3190 755-5750

Mailing Address of Owner P.O. Box 3606, Lake City, Fla 32056

Owner's Agent Same Builder

Agent's Mailing Address Telephone No.

Property Street Address Yates Circle

Lot No. Block No. Subdivision Date Subdivided

NOTE: IF NOT IN A SUBDIVISION ATTACH A METES AND BOUNDS DESCRIPTION

This Application is for: New System ✓ Repair Existing System

Type of Establishment	Sewage Flow (Gallons per day)	Sewage Flow Based On

TOTAL FLOW =

Type of Residential	No. Bedrooms (each dwelling unit)	Heated or Cooled Area (each dwelling unit)	No. Dwelling Units	Sewage Flow (Gallons per day)
mobile Home	2BR	ft²	1	300
		ft²		

Exact Directions to Property 90 W to Turner Rd to ash Rd to yates Circle.

AUDIT CONTROL NO. № 15002 Applicant's Signature

VOID AT END OF CALENDAR YEAR FROM DATE OF ISSUANCE

HRS-H Form 4015, Feb 85 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-001-4015-1)

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Applicant Dale Williams Permit Number 86-119

PART II - SYSTEM INSTALLATION INSPECTION AND FINAL INSTALLATION APPROVAL

Installer A+B 4.30 Tank Manufacturer A+B

Proper tank legend: Yes X No ___ Tank material precast Tank level: Yes X No ___

Tanks watertight: Yes X No ___ Tank size: 750 gallons ___ gallons ___ gallons

Proper tank outlet device: Yes X No ___ Manhole or marker to grade: Yes ___ No ___

Drainfield Trench

Length	Width	Length	Width
40 feet	2 feet	___ feet	___ feet
35 feet	2 feet	___ feet	___ feet
___ feet	___ feet	___ feet	___ feet

Total = 150 ft² Total = ___ ft²

Absorption Bed

Length ___ feet x ___ feet = ___ ft²

Length ___ feet x ___ feet = ___ ft²

Proper No. drainlines: Yes ___ No ___

Proper pipe separation: Yes ___ No ___

Distribution box level: Yes ___ No ___

Systems located as permitted: Yes X No ___

Systems including plumbing stub-outs installed at proper elevation: Yes X No ___

Average depth to drainpipe invert from finished grade: 18 inches Maximum depth: 18 inches

Average depth of drainfield gravel: 12 inches Minimum depth of gravel: 12 inches

Proper gravel size: Yes X No ___ Gravel is suitable quality: Yes X No ___

Backfill or fill material as required: (Quality) Yes X No ___ (Quantity) Yes ___ No ___

Other findings: ___

Inspected by: E Nelson, RS Date 3/13/86

PART III - FINAL INSTALLATION APPROVAL

Date 3/13/86 Approved by: E Nelson, RS Columbia COUNTY PUBLIC HEALTH UNIT

AN APPROVED INSTALLATION DOES NOT GUARANTEE PERFORMANCE

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

HRS—H Form 4016, Feb 85 (Obsoletes previous editions which may not be used)
(Stock Number: 5744-002-4016-0)