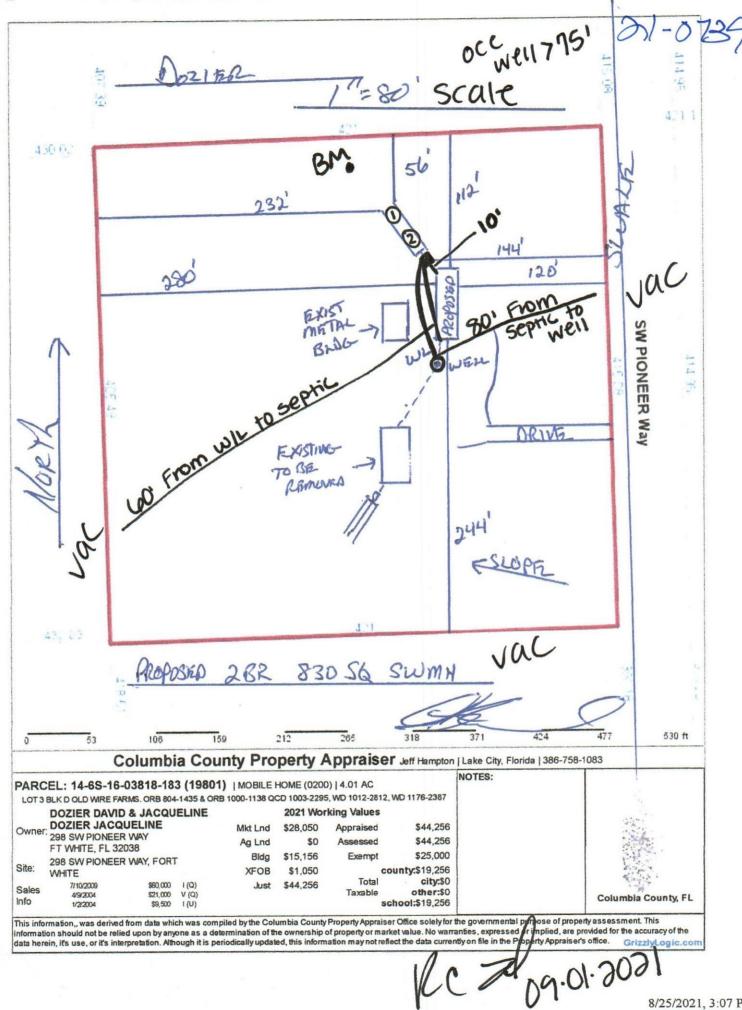


STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT NO.	2/5	07:	39
DATE PAID:	3	36	
FEE PAID:	121	0.0	31
RECEIPT #:	110	185	97

APPLICATION FOR CONSTRUCTION PERMIT
APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: DAVID & JACQUELINE DOZIER
AGENT: Ronald Ford - Ford's Septic TELEPHONE: 386-755-6288
MAILING ADDRESS: 116 NW Lawtey Way Lake City, Florida 32055
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: 3 BLOCK: D SUBDIVISION: OLD WIRE FARMS PLATTED:
PROPERTY ID #: 14-6S-16-03818-183 ZONING: I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 4.01 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y N] DISTANCE TO SEWER: NIA FT
PROPERTY ADDRESS: 298 SW PIONEER WAY FORT WHITE, FLORIDA 32038
DIRECTIONS TO PROPERTY: 47 South. Don Herlong Street.
R)on old wire Road. (R)on nomestead circle.
(L) on Pioneer Way. Home # 298 on right.
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
mobile home 2 830 HEATED / COOLED SQUARE FEET
(830 TOTAL SQUARE FEET)
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: OCC TOUR ROUNDS FORD DATE: 9-1-2021



8/25/2021, 3:07 PN



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

PERMIT #: 12-SC-2367429

APPLICATION #: AP1728597

DATE PAID: 9/3/2024

DOCUMENT #: PR1646975

CONSTRUCTION PERMIT FOR:	STDS New		
APPLICANT: DAVID**21-0739 DO	ZIER	Colonia Colonia	
PROPERTY ADDRESS: 298 SW PIG	ONEER Fort White, FL 32038	land of the	
	SUBDIVISION:		ne a Medicina
PROPERTY ID #: 03818-183	e wête yî savas e navî ybayê apesone navek selutiyê kone	[SECTION, TOWNSHIP, RANGE, PA [OR TAX ID NUMBER]	ARCEL NUMBER]
SYSTEM MUST BE CONSTRUCT 381.0065, F.S., AND CHAPTE SATISFACTORY PERFORMANCE FOR WHICH SERVED AS A BASIS PERMIT APPLICATION. SUCH ISSUANCE OF THIS PERMIT STATE, OR LOCAL PERMITTING REC	OR ANY SPECIFIC PERIOD OF FOR ISSUANCE OF THIS PERIOD MODIFICATIONS MAY RESULT DOES NOT EXEMPT THE APP	MENT APPROVAL OF SYSTEM DO STATE OF TIME. ANY CHANGE IN CHANGE IN THIS PERMIT BEING MAD LICANT FROM COMPLIANCE WI	E NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATION	ONS		
T [900] GALLONS / GPD	New Septic	CAPACITY	
A [] GALLONS / GPD		CAPACITY	
N [] GALLONS GREASE I		M CAPACITY SINGLE TANK: 1250 G	ALLONS]
K [] GALLONS DOSING T	ANK CAPACITY []GAL:	LONS @[]DOSES PER 24 HR	S #Pumps []
	New drainfield SYSTEM		
	N/A SYSTEM		
A TYPE SYSTEM: [*] STANI			
I CONFIGURATION: [x] TRENO	H [] BED []		
F LOCATION OF BENCHMARK: Na	il in tree N of septic system		
I ELEVATION OF PROPOSED SYSTEM		ET 11 ABOVE PETOW BENCHMARK	/DEFEDENCE DOINE
E BOTTOM OF DRAINFIELD TO BE			
L	[42.00] [INCHES	FI][ABOVE / BELOW BENCHMARK	/REFERENCE POINT
D FILL REQUIRED: [0.00] I	NCHES EYCAVATION PEOU	TDED: 1 INCHES	
		sons (2 per bedroom), for a total estimate	ated flow of
Per owner request, existing septic	system will remain for future use.		
н			
E			
R			
SPECIFICATIONS BY: Ronald C	Ford T	ITLE: Master Contract)(
APPROVED BY: Kelli C	TITLE: Environme	ntal Specialist II	Columbia CHD
DATE ISSUED: 09/08/2021	odera	EXPIRATION DATE	3: 03/08/2023
DH 4016, 08/09 (Obsoletes all	previous editions which may	not be used)	
Incorporated: 64E-6.003, FAC			Page 1 of 3

North

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

110101	Permit Application Number	31.0739
PART II – SI	TEPLAN	

see atached.

Thank you!

Notes: 298	SW Pion	neer	way	Fort	White,	FL 32038
Site Plan submitted by:_	PC	P - R Not App	Onald roved	ford	Date	9/0/2021
Ву	Kung			Colvubia	County H	ealth Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT