



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

PERMIT NO. 21-0424
DATE PAID: 5/4/21
FEE PAID: 370.00
RECEIPT #: 1660926

APPLICATION FOR:

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

APPLICANT: CATHERINE BROOKSHIRE (FAMILY HOMES)

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: 10 BLOCK: G SUBDIVISION: SPRING HILLS PLATTED: _____

PROPERTY ID #: 36-55-15-00488-131 ZONING: _____ I/M OR EQUIVALENT: ☒ No ☐

PROPERTY SIZE: .986 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: SW Tampa Eln, Ft White FL 32055

DIRECTIONS TO PROPERTY: TAKE 475 TO 2400R, TAKE SW
1chetucknee Ave to SW Tampa Eln

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	MH	4	2254	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert Ford (1W) DATE: 5/4/21



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

PERMIT #: **12-SC-2278632**
APPLICATION #: **AP1660926**
DATE PAID: **5/4/2021**
FEE PAID: **310.00**
RECEIPT #: **12-110-4962723**
DOCUMENT #: **PR1552339**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CATHERINE**21-0424 BROOKSHIRE
PROPERTY ADDRESS: SW TAMPA Fort White, FL 32038
LOT: 10 BLOCK: G SUBDIVISION: SPRING HILLS
PROPERTY ID #: 00488-131 [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 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 [500] SQUARE FEET New drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in 8" 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 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 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: 05/05/2021 EXPIRATION DATE: 11/05/2022

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 21-0424

See Attachment

Notes: _____

The Plan submitted by: Robert W. Ford, III Date _____

Approved _____ Not Approved _____ Date 5/15/2021

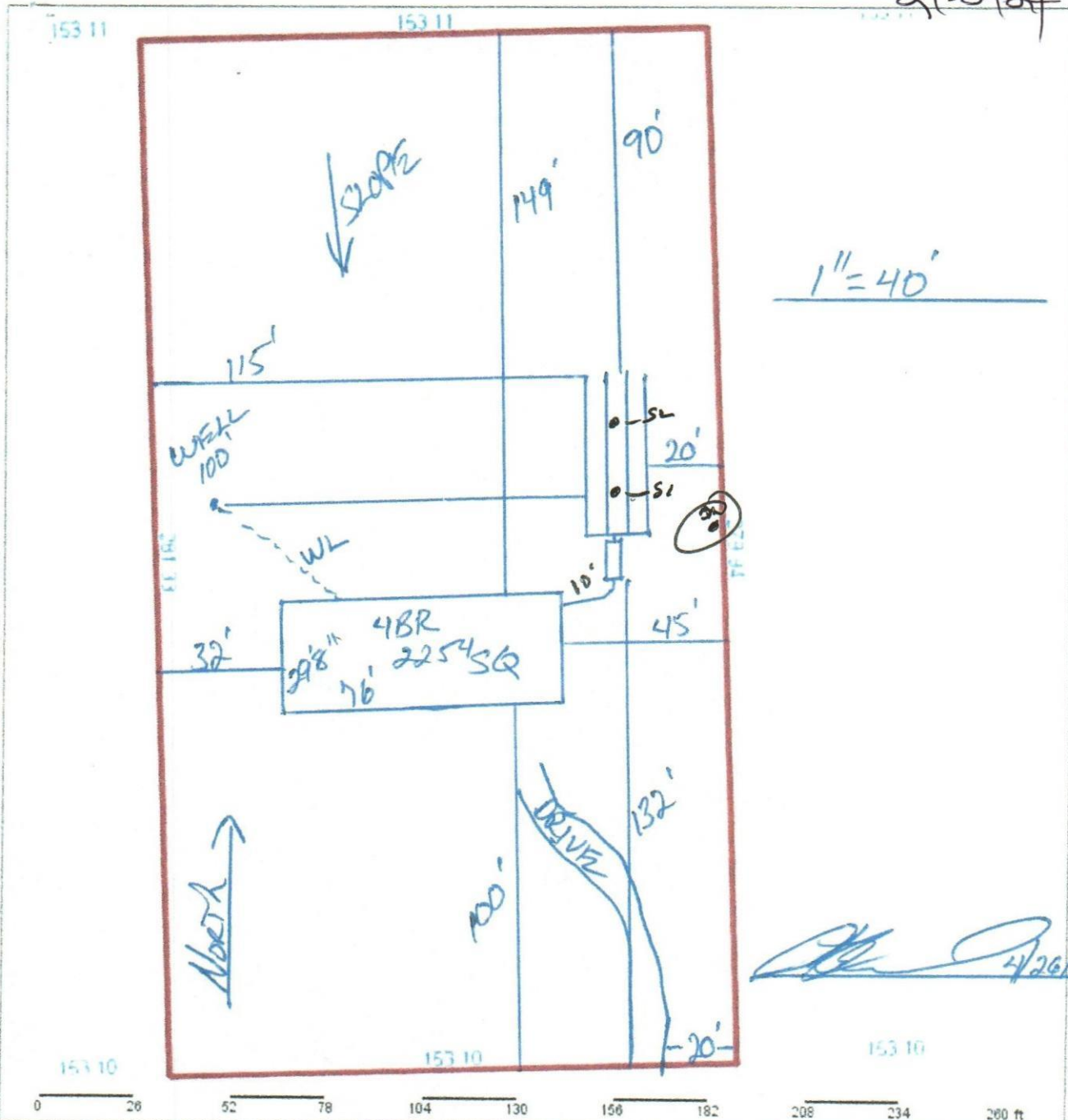
Kell Rogers

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-8124



Columbia County Property Appraiser Jeff Hampton | Lake City, Florida | 386-758-1083

PARCEL: 36-5S-15-00488-131 (2383) | VACANT (0000) | 0.986 AC

LOT 10 BLOCK G SPRING HILLS S/D, 423-51, 698-340 THRU 342, 809-418, 1109, WD 1040-1299, WD 1046-97, WD 1054-2133, TD 1264-1679, QC 1297-2570, WD 1343.

Owner:
BROOKSHIRE CATHERINE
NORMILE MATTHEW
 182 NW HELEN DR
 LAKE CITY, FL 32055

Site:
 Sales 3/29/2021 \$13,000 V (Q)
 8/22/2017 \$100 V (U)
 Info 6/1/2015 \$2,400 V (U)

2021 Working Values

Mkt Lnd	Appraised	Assessed	Exempt	county:
\$12,500	\$12,500	\$12,500	\$0	\$12,500
Ag Lnd	\$0	\$0	\$0	city:\$0
Bldg	\$0	\$0	\$0	other:\$0
XFOB	\$0	\$0	\$0	school:\$12,500
Just	\$12,500	\$12,500	\$0	
Total Taxable				

NOTES:

Columbia County, FL

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