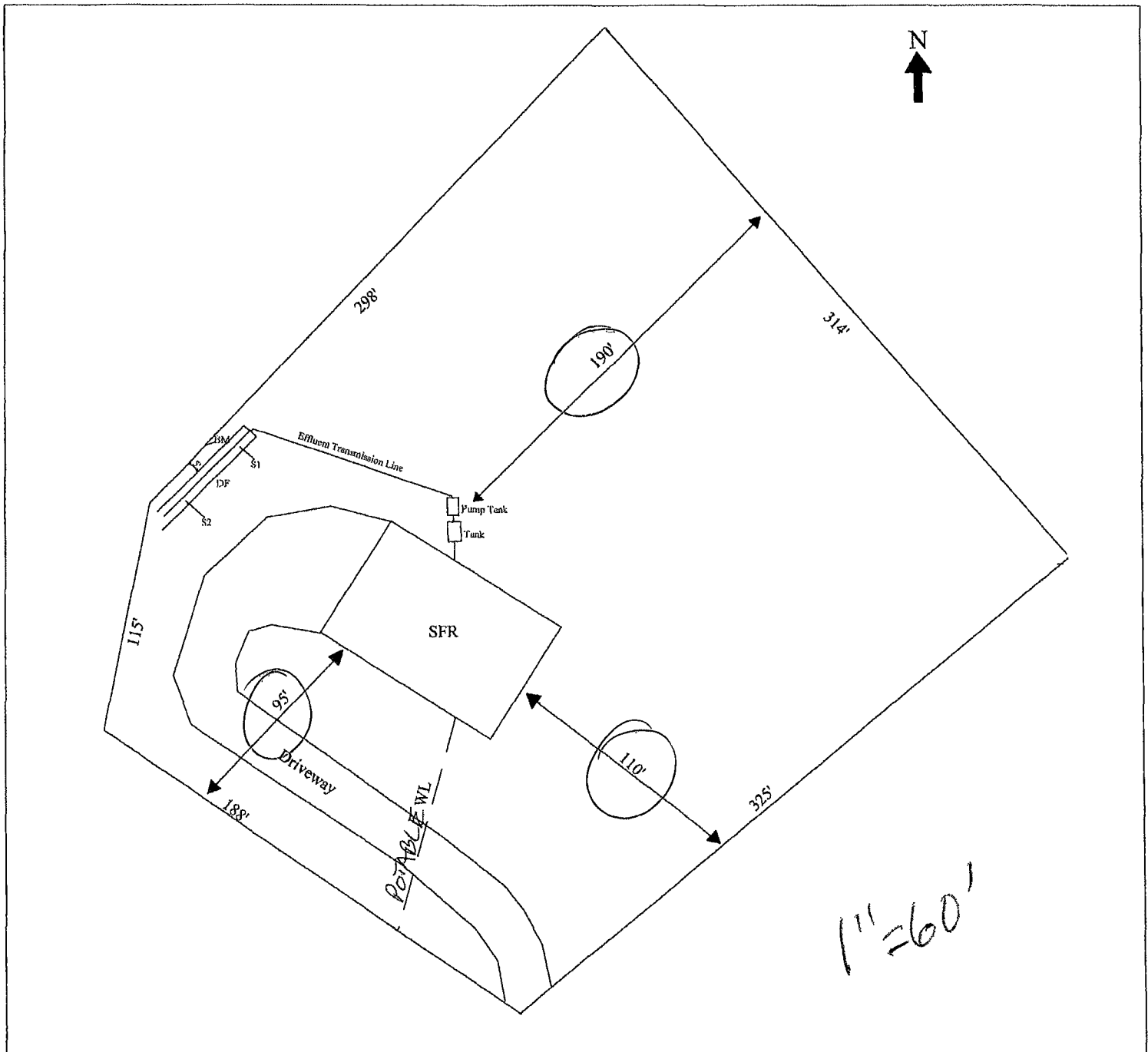


STATE OF FLORIDA DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

## PART II SITE PLAN

PERMIT APPLICATION NUMBER 13-0157APPLICANT: Roberts

. 2.14 .



NOTES: \_\_\_\_\_

SITE PLAN SUBMITTED BY: Elliot Bronson

ELLIOT BRONSON 11-1789

PLAN APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

BY \_\_\_\_\_ COUNTY HEALTH DEPARTMENT

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

13-0157-N

## ----- PART II - SITEPLAN -----

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: \_\_\_\_\_

Site Plan submitted by Elliott Branson AgentPlan Approved X Not Approved \_\_\_\_\_ Date \_\_\_\_\_By Sally Lord Env Health Director Columbia County Health Department**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



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

PERMIT NO. 13-0157DATE PAID: 3/19/13FEE PAID: \$10.00RECEIPT #: 1101389

## APPLICATION FOR:

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

APPLICANT: Charles D. & Tina C. Roberts

AGENT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: 468 NW HACKNEY TERR LAKE CITY, FL 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: NA BLOCK: NA SUBDIVISION: NA PLATTED: \_\_\_\_\_PROPERTY ID #: 36-3S-16-02600-000 ZONING: RES I/M OR EQUIVALENT: ☐ No ☐PROPERTY SIZE: 22 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: \_\_\_\_\_ FTPROPERTY ADDRESS: NW HACKNEY TERR LAKE CITY, FL 32055

DIRECTIONS TO PROPERTY: From CCHD take US 90 west. Turn right on NW Hackney Terrace (beside Ken'sBBQ). Follow to end and turn left into private drive Follow private drive to homesite on right.

## 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	SFR	5	4019	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_SIGNATURE: Charles D. RobertsDATE: 3-18-13



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

PERMIT #: **12-SC-1462017**  
APPLICATION #: **AP1101389**  
DATE PAID: **3.19.13**  
FEE PAID: **310.00**  
RECEIPT #: **1101389**  
DOCUMENT #: **PR901448**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: CHARLES\*13-0157 ROBERTS  
PROPERTY ADDRESS: NW HACKNEY Ter Lake City, FL 32055  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 02600-000 [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 [ 1,200 ] GALLONS / GPD \_\_\_\_\_ Septic tank \_\_\_\_\_ 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 [ 625 ] SQUARE FEET \_\_\_\_\_ drainfield \_\_\_\_\_ SYSTEM  
R [ ] SQUARE FEET \_\_\_\_\_ N/A \_\_\_\_\_ SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [x] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]  
N  
F LOCATION OF BENCHMARK: Nail in base of 12" pine NW of system site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 16 00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 19 00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 15.00 ] INCHES EXCAVATION REQUIRED: [ 0 00 ] INCHES

O 1 The 911 address shall be required before final approval.  
T  
H  
E  
R

SPECIFICATIONS BY: Elliot Bronson TITLE: Private Soil Evaluator  
APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD  
DATE ISSUED: 03/27/2013 EXPIRATION DATE: 09/27/2014