



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 23-0259
DATE PAID: 10/27/23
FEE PAID: 185.00
RECEIPT #: 2008217

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Jerry Oakley

EMAIL: nflseptic@comcast.net

AGENT: Robert Ford III- North Florida Septic Tank Inc

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Road 100, Lake City FL 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

OSTDS REMEDIATION PLAN? ☐ Y / ☐ N

LOT: C BLOCK: closed town of lulu SUBDIVISION: closed town of lulu PLATTED:

PROPERTY ID #: 00-00-00-10421-000 ZONING: I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 0.602 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: 184 SE Lee Dr, Lulu FL 32061

DIRECTIONS TO PROPERTY: 100 East toward Lulu FL. Turn left on Lee Dr.
Site on left.

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	MH	3	<u>20820</u> <u>32x68</u>	<u>2176</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert Ford III

DATE: 10-26-2026

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

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

1" = 40'

Permit Application Number 23-0759

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

Oakley Job

See Att.

Site Plan submitted by: Robert Ford 999 Date: 10-26-2023 MASTER CONTRACTOR
Plan Approved ✓ Not Approved _____ Date 1/30/23
By [Signature] ES2 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
CONSTRUCTION PERMIT

PERMIT #: **12-SC-2808544**
APPLICATION #: **AP2008217**
DATE PAID: 10/27/23
FEE PAID: 185.00
RECEIPT #: _____
DOCUMENT #: **PR2016634**

CONSTRUCTION PERMIT FOR: OSTDS Repair

APPLICANT: JERRY**23-0759 OAKLEY

PROPERTY ADDRESS: 184 SE LEE Lulu, FL 32061

LOT: _____ BLOCK: C SUBDIVISION: Town of Lulu

PROPERTY ID #: 10421-000 [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 [900] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A [0] GALLONS / GPD _____ CAPACITY
N [0] 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 Drainfield SYSTEM
R [0] SQUARE FEET _____ SYSTEM

A TYPE SYSTEM: [] STANDARD [x] FILLED [] MOUND []

I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Oak tree west of site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [20.00] [INCHES] FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [22.00] 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 Contractor has requested 375sqft of drainfield with bottom of drainfield at 20 inches below BM for 22 inches of fill. Minimum required is 225sqft of drainfield with bottom of drainfield at 26 inches below BM for 16 inches of fill

H Required drainfield area based on Rule 62-6.015(6)(c)2., F.A.C.

R Install a new drainfield to achieve Drainfield size requirement.

SPECIFICATIONS BY: Robert Ford

TITLE: Master Contractor

APPROVED BY: _____

Sean P Havens

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 10/30/2023

EXPIRATION DATE: 01/28/2024

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

v 1.1.4

AP2008217

SE1915523

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OAKLEY Job
1"=40'
Rob W. De
10-26-2023

