

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

PERMIT #: 12-SC-2499272

APPLICATION #: AP1828746

DATE PAID: 4/18/22

FEE PAID: \_\_\_ RECEIPT #:\_\_

DOCUMENT #: PR1761748

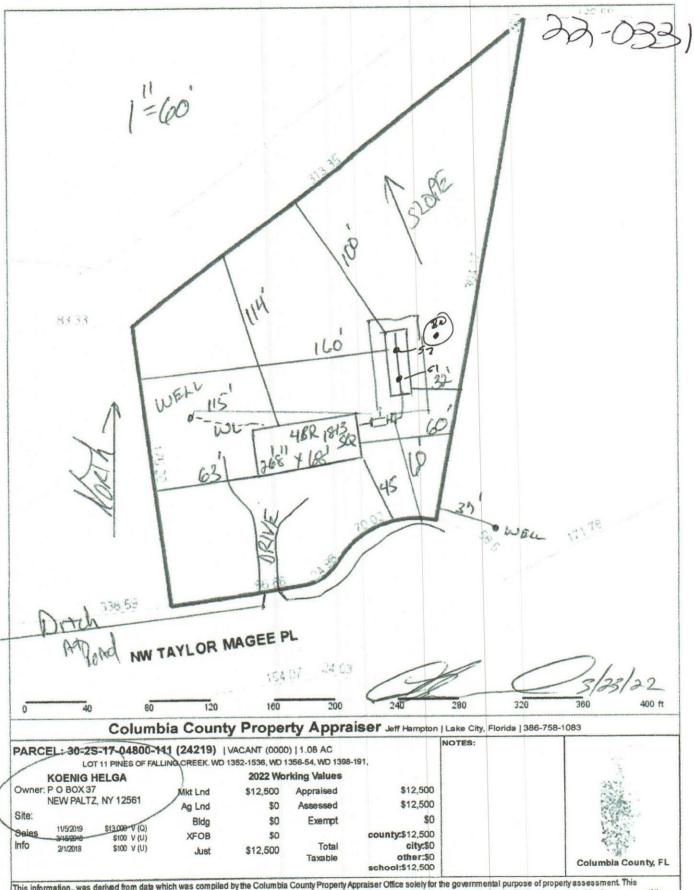
CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: HELGA**22-0331 KOENIG	
PROPERTY ADDRESS: 270 NW TAYLOR MAGEE Lake City, FL 32055	
LOT: 11 BLOCK: SUBDIVISION: Pines at Falling Creek	
PROPERTY ID #: 04800-111 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	EL NUMBER]
	S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [ 1,050 ] GALLONS / GPD Septic Tank CAPACITY A [ ] GALLONS / GPD N/A CAPACITY N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALL K [ 300 ] GALLONS DOSING TANK CAPACITY [ 67.00 ] GALLONS @ [ 6 ] DOSES PER 24 HRS	
D [ 500 ] SQUARE FEET Drainfield SYSTEM  R [ ] SQUARE FEET N/A SYSTEM  A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]  I CONFIGURATION: [x] TRENCH [ ] BED [ ]	
F LOCATION OF BENCHMARK: pine tree E. of site.  I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES   FT ] [ ABOVE   BELOW   BENCHMARK/RU	
E BOTTOM OF DRAINFIELD TO BE [ 6.00 ] [ INCHES FT ] [ ABOVE BELOW] BENCHMARK/RE	*
D FILL REQUIRED: [ 36.00] INCHES  The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimate 400 gpd. Performing Lift Dosing.  Pumps must be certified as suitable for distributing sewage effluent.  **Remove all Spodic material, excavation material is to NOT be used in or on system including slopes.  E	d flow of
SPECIFICATIONS BY: Robert W Ford TITLE:	
APPROVED BY: Pustin W Jones FITLE: Environmental Specialist II	Columbia CHD
DATE ISSUED: 04/26/2022 EXPIRATION DATE:	10/26/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3



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

PERMIT NO.	22-0331
DATE PAID:	41862
FEE PAID:	310.00
RECEIPT #:	1828746

APPLICATION FOR:  [	Existing System Abandonment	[ ] Hold:	ng Tank [ ]	Innovative
APPLICANT: HELGA KOENIG (IRC	ONWOOD)			-
AGENT: ROBERT FORD III- NORTH	FLORIDA SEPTIC TA	NK INC	TELEPHONE:	386-755-6372
MAILING ADDRESS: 741 SE STAT	E ROAD 100, LAKE CI	TY FLA 32025		
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT TO 489.105(3) TO PROVIDE DOCUME STING CONSIDERATI	(m) OR 489.552, ENTATION OF THE	FLORIDA STATUTE DATE THE LOT WA	S. IT IS THE S CREATED OR
PROPERTY INFORMATION				
LOT: 11 BLOCK:	SUBDIVISION: PI	NES OF FALLING CR	EEK P	LATTED:
PROPERTY ID #: 30-2S-17-04800-	111	ZONING:	_ I/M OR EQUIVA	ALENT: [ No 🔄 ]
PROPERTY SIZE: 1.08 ACRES	WATER SUPPLY:	[ / ] PRIVATE PO	BLIC [ ]<=2000	GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 3	81.0065, FS? [ N	o 🔽 ]	DISTANCE TO S	SEWER:FT
PROPERTY ADDRESS 270 NW TA				0
DIRECTIONS TO PROPERTY:	ON HIN,	TK on Fo	alling Cre	zek Kd,
TRON Taylor r	Magge P	1, 10 270	J	•
	V			
BUILDING INFORMATION	[ / ] RESIDENT	TAL [ ]	COMMERCIAL	
Unit Type of No Establishment			al/Institutiona Chapter 64E-6,	l System Design FAC
1 <u>MH</u>	4 1813	3		
2				
3				
4				
[ ] Floor/Equipment Drain	s [ ] Other (	Specify)		
	7 Ford (1	10	DATE: 4	/13/22



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GrizzlyLogic.com

Roben Gerd (IW) 4.13.22

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

**Permit Application Number** Solowy Plan submitted by Rahmet w Jand ITT. Dele Mar Abbroved Annoved County Health Department

all granges hust be approved by the county health department

MS, 08/08 (Obsoletes previous editions which may not be used) incorporated: 645-6401, FAC : Number: 6744-002-4016-8)