



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

PERMIT #: 12-SC-2367442  
APPLICATION #: AP1728607  
DATE PAID: 9/3/2021  
FEE PAID: 310<sup>00</sup>  
RECEIPT #: 12-P10-522283  
DOCUMENT #: PR1647008

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: DALE\*\*21-0741 BYRD

PROPERTY ADDRESS: SW PAPOOSE Fort White, FL 32038

LOT: 33 BLOCK:  SUBDIVISION: Tustenugue Hills

PROPERTY ID #: 09626-133

[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 [ 616 ] SQUARE FEET New drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

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

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

N

F LOCATION OF BENCHMARK: Nail in 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 [ 24.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 18.00 ] 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 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: 09/08/2021 EXPIRATION DATE: 03/08/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC



## Permit Application Number \_\_\_\_\_

ation Number  
Bryd

## PART II - SITEPLAN

[illegible]

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

Site Plan submitted by: ROBERT FURUSAW Agent:                      Owner:                      Date: 9/21/2021

Plan Approved ☒ Not Approved ☐ Date 9/8/2021

By John H. [Signature] COLUMBIA County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC  
 (Stock Number: 5744-002-4015-6)





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

FW

PERMIT NO: 21-0741  
DATE PAID: 9/3/21  
FEE PAID: 370.00  
RECEIPT #: 1728407

APPLICATION FOR:

[✓] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: DALE BYRD (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: 33 BLOCK: SUBDIVISION: TUSTENUGGLES HILLS PLATTED:

PROPERTY ID #: 08-6s-17-09626-133 ZONING: I/M OR EQUIVALENT: [ No ]

PROPERTY SIZE: 4.01 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ No ] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: TBD SW PAPOOSE PL

DIRECTIONS TO PROPERTY: TL on 41S, TR on SW Tustenuggee Ave, TL on Newton Creek, TL on Papoose

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	MOBILE HOME	3	2346	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify)

SIGNATURE:

Robert W Ford (u)

DATE:

9/2/21