STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

2/-0859

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e Plan submitte	B W. Rahans LA	Der O. Tile DORC 10	18.2021	
in Approved		Not Approved		Date 10/22/2)
	3/1/	•	Combora,	County Health Department
	7/4			
AL	L Changes must be	approved by the co	NUNTY HEALTH DE	PARTIMENT

1016, Charlette grevious editions which may not be used) incorporated: 645-8401, FAC ck Number: 5744-002-1618-0)

Page 2 of 4



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

PERMIT NO.	1-0859
DATE PAID:	10/14/21
FEE PAID:	31006
RECEIPT #:)	758038

APPLICATION FOR CONSTRUCTION PERMIT APPLICATION FOR: [New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary [] APPLICANT: DON MORRIS Evic Rutledge AGENT: ROBERT FORD III - NORTH FLORIDA SEPTIC TANK 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: --- BLOCK: --- SUBDIVISION: NA PLATTED: PROPERTY ID #: 36-6S-16-04080-001 ZONING: _____ I/M OR EQUIVALENT: [No ☑] PROPERTY SIZE: 17.42 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [No ▼] DISTANCE TO SEWER: FT PROPERTY ADDRESS: TBD CR 18, FORT WHITE FLA DIRECTIONS TO PROPERTY: CR 18 2.5 MILES FROM FT. WHITE, ON LEFT 3577 CR 18 BUILDING INFORMATION [✓] RESIDENTIAL [] COMMERCIAL Building Commercial/Institutional System Design Unit Type of No. of No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC 1352 3 [] Floor/Equipment Drains [] Other (Specify) _ over w sord (in DATE: 10-18-2021

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated 64E-6.001, FAC



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

PERMIT #: 12-SC-2411284

APPLICATION #: AP1758038

DATE PAID: 10119 21

FEE PAID: 310

RECEIPT #:___

DOCUMENT #: PR1675465

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ERIC**21-0859 RUTLEDGE
PROPERTY ADDRESS: CR 18 Fort White, FL 32038
LOT:BLOCK:SUBDIVISION:
PROPERTY ID #: 04080-011 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION
SYSTEM DESIGN AND SPECIFICATIONS
T [900] GALLONS / GPDSeptic 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 [375] SQUARE FEET Drainfield SYSTEM R [] SQUARE FEET N/A SYSTEM A TYPE SYSTEM: [*] STANDARD [] FILLED [] MOUND [] I CONFIGURATION: [*] TRENCH [] BED [] N F LOCATION OF BENCHMARK: tree north of site.
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES FT] [ABOVE BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [46.00] [INCHES] FT] [ABOVE BELOW] BENCHMARK/REFERENCE POINT
L 40.00 INCHES FI ABOVE BELOW BENCHMARK REFERENCE POINT
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES
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 300 gpd.
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R
SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SM0081587
APPROVED BY: TITLE: Environmental Specialist II Columbia CH
DATE ISSUED: 10/22/2021 EXPIRATION DATE: 04/22/2023
pH 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

APPLICATION FOR/ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number_ ----- PART II - SITEPLAN -----216 Scale: 1 inch = 40 feet. WELL 27 3BR 1352 110 Notes: HURFIS Site Plan submitted by CONTRACTOR 10-18-2021 Plan Approved Not Approved Date By_ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT