## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

| "=40" | Permit Application Number 28-0198

See AH

Site Plan submitted by: 

Site Plan Submitted by: 

Site Plan Approved 

Not Approved 

Not Approved 

County Health Department

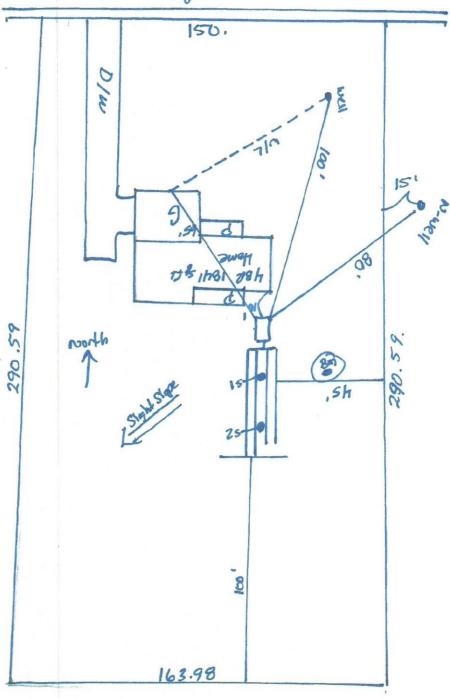
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DH 4015, 08/09 (Obsciences previous editions which may not be used) Incorporated: 645-6.001, FAC (Stock Number: 5744-002-4015-6)

Camiel Jdo (Peter Lev)
1"=40"
3-13-2023
Robo woode

23-0198

Kimberly St.





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

PERMIT NO. 3-0198
DATE PAID: 3113103
FEE PAID: 19505

## APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
APPLICANT: IM NOTO (IMIE)
AGENT: Robert Ford III- NORTH FLORIDA SEPTIC TANK INC  TELEPHONE: 3867556372
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
LOT: 2 BLOCK: SUBDIVISION: KIMPENY OAKS PLATTED:
PROPERTY ID #: 1/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
PROPERTY ADDRESS: 150 SW KIMBERLY PROPERTY PR
DIRECTIONS TO PROPERTY:
BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Area Sqft  Table I, Chapter 62-6, FAC
2
4
Floor/Equipment Drains   1 Other (Specify)

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC



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

PERMIT #: 12-SC-2668047

APPLICATION #: AP1952577

DATE PAID: 3/17/23

FEE PAID: 310 . W

RECEIPT #:\_\_\_\_

DOCUMENT #: PR1907343

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: TIMOTHY**23-0198 CAMIEL
PROPERTY ADDRESS: 156 SW KIMBERLY Lake City, FL 32024
LOT: 2 BLOCK: SUBDIVISION: Kimberly Oaks
PROPERTY ID #: 03026-102 [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 / 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 [ 500 ] SQUARE FEET
F LOCATION OF BENCHMARK: 10" 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 [ 45.00 ] [ INCHES   FT ] [ ABOVE   BELOW ] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES
The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.
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E
R
SPECIFICATIONS BY: Robert W Ford TITLE: Marker Continued
APPROVED BY: TIPLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 03/14/2023 EXPIRATION DATE: 09/14/2024
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC