



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

PERMIT NO. 23-8484
DATE PAID: 8/29/23
FEE PAID: 285.80
RECEIPT #: 1984493

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: **STEVEN SCOTT LORD**

EMAIL: NFLSEPTICTANK@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 septic is on lot 3

OSTDS REMEDIATION PLAN? [Y / N]

LOT: 2 & 3 BLOCK: 17 SUBDIVISION: **TOWN OF LULU** PLATTED: 1927

PROPERTY ID #: 00-00-00-10480-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.807 - lot 3 = .413 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 302 SE RED CASON DR, LULU FL 32061

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[x] 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	1793	NO ORG
2				
3				
4				

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

SIGNATURE: Robert Ford III

DATE: 08/29/23

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

Incorporated 62-6.004, FAC

Permit Application Number

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

PERMIT #: **12-SC-2769765**
APPLICATION #: **AP1986492**
DATE PAID: **8/29/23**
FEE PAID: **185.00**
RECEIPT #:
DOCUMENT #: **PR1997647**

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: STEVEN**23-0624 LORD
PROPERTY ADDRESS: 302 SE RED CASON Lulu, FL 32061
LOT: 2&3 BLOCK: 17 SUBDIVISION: Town of Lulu
PROPERTY ID #: 10480-000 [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 Existing 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: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Large oak tree south of site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [48.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] 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 Required drainfield area based on Rule 62-6.015(6)(c)2., F.A.C.
H Contractor has requested 375sqft of drainfield to be installed, minimum required is 333sqft.
E Install a new drainfield to achieve Drainfield size requirement.

R Keep septic only on lot 3.

SPECIFICATIONS BY: Robert W Ford TITLE: M. Contractor
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 09/08/2023 EXPIRATION DATE: 12/07/2023

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