



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

PERMIT #: **12-SC-2601864**  
APPLICATION #: **AP1909460**  
DATE PAID: **11/2/22**  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: **PR1876535**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: THOMAS\*\*22-0903 HOSFORD  
PROPERTY ADDRESS: 620 NE LAKE VALLEY Lake City, FL 32055  
LOT: 1 BLOCK: \_\_\_\_\_ SUBDIVISION: Lake Valley In Woodborough  
PROPERTY ID #: 02269-133 [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 [ 500 ] GALLONS / GPD Aerobic Treatment Unit 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: [x] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]

N  
F LOCATION OF BENCHMARK: Nail in oak N. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [ 12.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 42.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

O 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.

T  
H \*\*\*System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.  
E Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting/fee also required.

R  
SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 11/16/2022 EXPIRATION DATE: 05/07/2024

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

Incorporated: 64E-6.003, FAC

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0903

Hosford

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.

Site plan grid area. The text "See attached" is handwritten in the center of the grid.

Notes:

Site Plan submitted by:

William A. Bishop II

master contractor

Plan Approved

By Approved

Date

11/16/22

By

*[Handwritten signature]*

Columbia CHD

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4016, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.804, F.A.C.



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

PERMIT NO: 22-0902  
DATE PAID: 11/2/22  
FEE PAID: 310.00  
RECEIPT #: 2909460

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Thomas & Bridget Hasford EMAIL: rockyford@

AGENT: A&B Construction windstream.net  
TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dorch St, Ft. White, FL. 32038

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

OSTDS REMEDIATION PLAN? ☒ Y / ☐ N

LOT: 1 BLOCK: NA SUBDIVISION: Lake Valley in Wood- PLATTED:                     

PROPERTY ID #: 22-38-16-02209-133 ZONING:                      I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: .64 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y / ☒ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 1620 NW Lake Valley Ter, Lake City, FL.

DIRECTIONS TO PROPERTY: TR onto NW Lake Jeffery Rd, TR onto  
NW Scenic Lake Dr, TR onto NW Lake Valley Ter.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table I, Chapter 62-6, FAC

1 SF Residential 4 2597

2                                                               

3                                                               

4                                                               

☐ Floor/Equipment Drains ☐ Other (Specify)                     

SIGNATURE: William A. Bishop II DATE: 10-21-22

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

Incorporated 62-6.004, FAC