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

CR # 10-8987 PERMIT NO DATE PAID: FEE PAID: RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT

| (X)    | CATION FOR: New System [ Repair [   | Existing Sys<br>  Abandonment                | item [                    | Holding Tan                      | k [ ] I                    | nnovative                 |
|--------|---|--|---------------------------|----------------------------------|----------------------------|---------------------------|
| APPLIC | CANT: JAMES DAHM  |  |                           |                                  |                            |                           |
| AGENT: | ROGER WHIDDON   | rogere whiddo                                | nconstruc                 | tion. com                        | ELEPHONE: (3               | 86) 754-7367              |
|        | NG ADDRESS: 295 NW  |  |                           |                                  | YTI                        | FL 32055                  |
| BY A   | COMPLETED BY APPLI<br>PERSON LICENSED PUR<br>CANT'S RESPONSIBILE<br>ED (MM/DD/YY) IF RI | RSUANT TO 489.10                             | 5(3)(m) OR<br>OCUMENTATIO | 489.552, FLORII                  | DA STATUTES<br>THE LOT WAS | CREATED OR                |
| PROPE  | RTY INFORMATION   |  |                           |                                  |                            |                           |
| LOT:   | 17 BLOCK: N/  | A SUBDIVISION                                | : TUSTENUC                | SEE TRAILS                       | PL                         | ATTED:                    |
|        | RTY ID #: 07-68-17-0  | 12 x 12 12 1                                 |                           |                                  |                            | ENT: [ NO ]               |
| PROPE  | RTY SIZE: 10.020 AC   | CRES WATER SUPP                              | LY: [ /] PF               | CIVATE PUBLIC                    | [ ]<=2000G                 | PD [ ]>2000GPD            |
| IS SE  | WER AVAILABLE AS P  | ER 381.0065, FS?                             | [ NO ]                    | DIS                              | TANCE TO SI                | EWER: N/A FT              |
| PROPE  | RTY ADDRESS: 235 SV   | JACK RABBIT CT,                              | FORT WHITE                | *                                |                            |                           |
| DIREC  | TIONS TO PROPERTY:  | TAKE 441 SOUTH<br>ROAD, TURN RIGH<br>TO END. | TURN RIGHT<br>HT ON SASSA | ON TUSTENUGEE<br>FRASS, TURN RIG | STREET PAS<br>HT ON JACK   | T HERLONG<br>RABBIT COURT |
|        |   |  |                           |                                  |                            |                           |
| BUILD  | ING INFORMATION   | [X] RESIDENTIA                               | L [ ] cos                 | MERCIAL                          |                            |                           |
|        | Type of   |  | Building                  | Commercial/Ins                   | titutional                 | System Design             |
| No.    | Establishment   | Bedrooms                                     | Area Sqft                 | Table 1, Chapt                   | er 64E-6, F                | AC                        |
| 1      | HOUSE   | 3  | 1,892                     |                                  |                            |                           |
| 2      |   |  |                           |                                  |                            |                           |
| 3      |   |  |                           |                                  |                            |                           |
| 4      |   |  |                           |                                  |                            |                           |
|        | minus/positionent N   | bains of 1 Other                             | r (Specify                |                                  |                            |                           |
| 1 1    | Floor/Equipment D   | idde   | Lapacity                  |                                  | DATE:                      | 7/22/22                   |
| SIGNA  | TURE:   |  |                           |                                  |                            |                           |



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

PERMIT #: 12-SC-2551619

APPLICATION #: AP1870401

DATE PAID: 7/25/22

FEE PAID: 310.00

RECEIPT #:\_\_\_\_

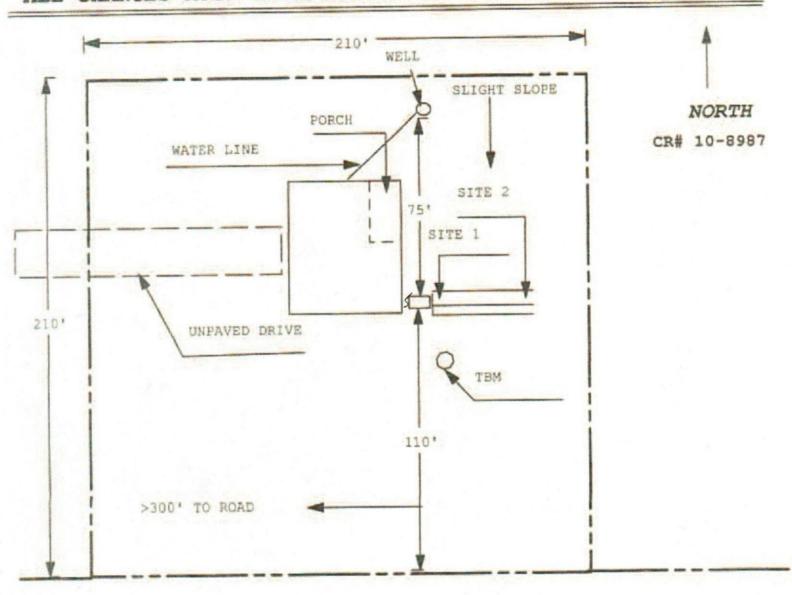
DOCUMENT #: PR1799189

| APPLICANT: JAMES**22-0648 DAHM   |  |
|--|--|
| PROPERTY ADDRESS: 235 SW JACK RABBIT Fort White, FL 32038  |  |
|  |  |
| LOT: 17 BLOCK: SUBDIVISION: Tustenuggee Hills  |  |
| PROPERTY ID #: 03816-317 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]   | L NUMBER]  |
| SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN  | NOT GUARANTER MATERIAL FACTS, TO MODIFY THE NULL AND VOID. |
| SYSTEM DESIGN AND SPECIFICATIONS   |  |
| T [ 900 ] GALLONS / GPDNew Multi-Chambered Septic CAPACITY   |  |
| A [ ] GALLONS / GPD N/A CAPACITY   |  |
| N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLO   | NS]  |
| 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: Nail in 5" oak tree south of system site |  |
| I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES / FT ] [ ABOVE / BELOW] BENCHMARK/REF   | TEDENCE POTNE  |
| E BOTTOM OF DRAINFIELD TO BE [45.00] [INCHES] FT ] [ABOVE BELOW] BENCHMARK/REE   |  |
| L  | ERENCE FOIRE   |
| D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES   |  |
| The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated 300 gpd.   | flow of  |
| T  |  |
| н  |  |
| E  |  |
| R  |  |
| SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE   |  |
| APPROVED BY: TITLE: Environmental Specialist I   | Columbia CHD   |
| DATE ISSUED: 07/27/2022 EXPIRATION DATE:   | 01/27/2024   |
|  |  |

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Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100'

1 INCH = 40 FEET

| Site Plan Submitted<br>Plan Approved | By Kent Lles     | Date_     | 7/21/22 |
|--------------------------------------|------------------|-----------|---------|
| Plan Approved                        | Not Approved Dat | e 7/27/23 |         |
| Ву 52                                | 7 632            | Columbia  | СРНИ    |
| Notes:                               |                  |           |         |