



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

PERMIT NO. 23-0350
DATE PAID: 5/11/23
FEE PAID: 310.00
RECEIPT #: 1965447

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Tammy & Robert Carter EMAIL: rockyford@windstream.net
AGENT: A & B Construction TELEPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dorton 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: 17 BLOCK: NA SUBDIVISION: NA Covey Ct PLATTED: _____

PROPERTY ID #: 01-48-16-02678-217 ZONING: _____ I/M OR EQUIVALENT: [Y] ☒ [N]

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ☐ ≤2000GPD [] ☐ >2000GPD

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

PROPERTY ADDRESS: 399 SW Covey Ct, Lake City, FL

DIRECTIONS TO PROPERTY: TR onto US-90 W, TL onto SW Sisters Welcome Rd, TR onto SW Covey Ct.

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	3	2024	
2				
3				
4				

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

SIGNATURE: Rocky D7 DATE: 5-11-23

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

Incorporated 62-6.004, FAC

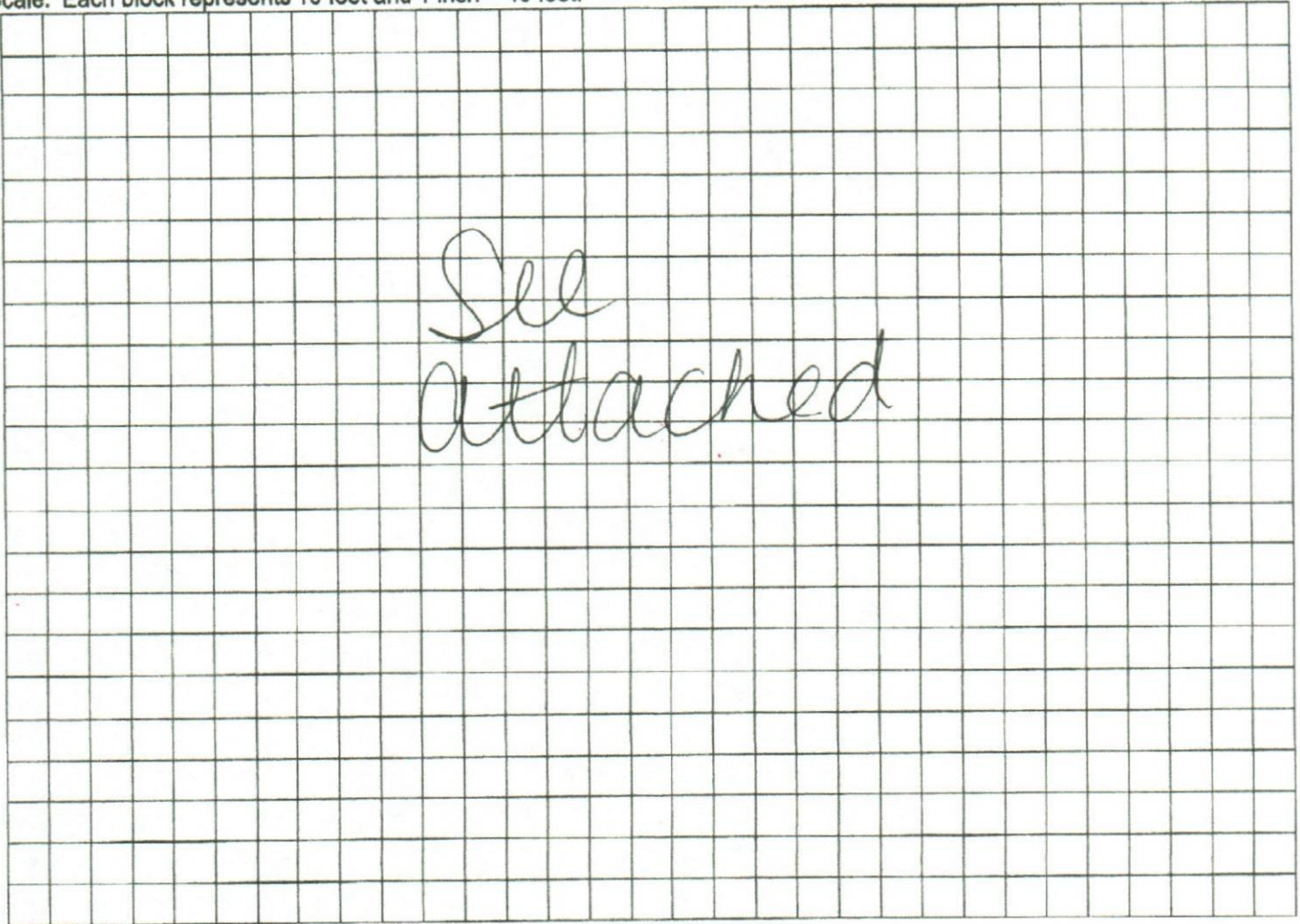
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0350

Carter

----- PART II - SITEPLAN -----

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



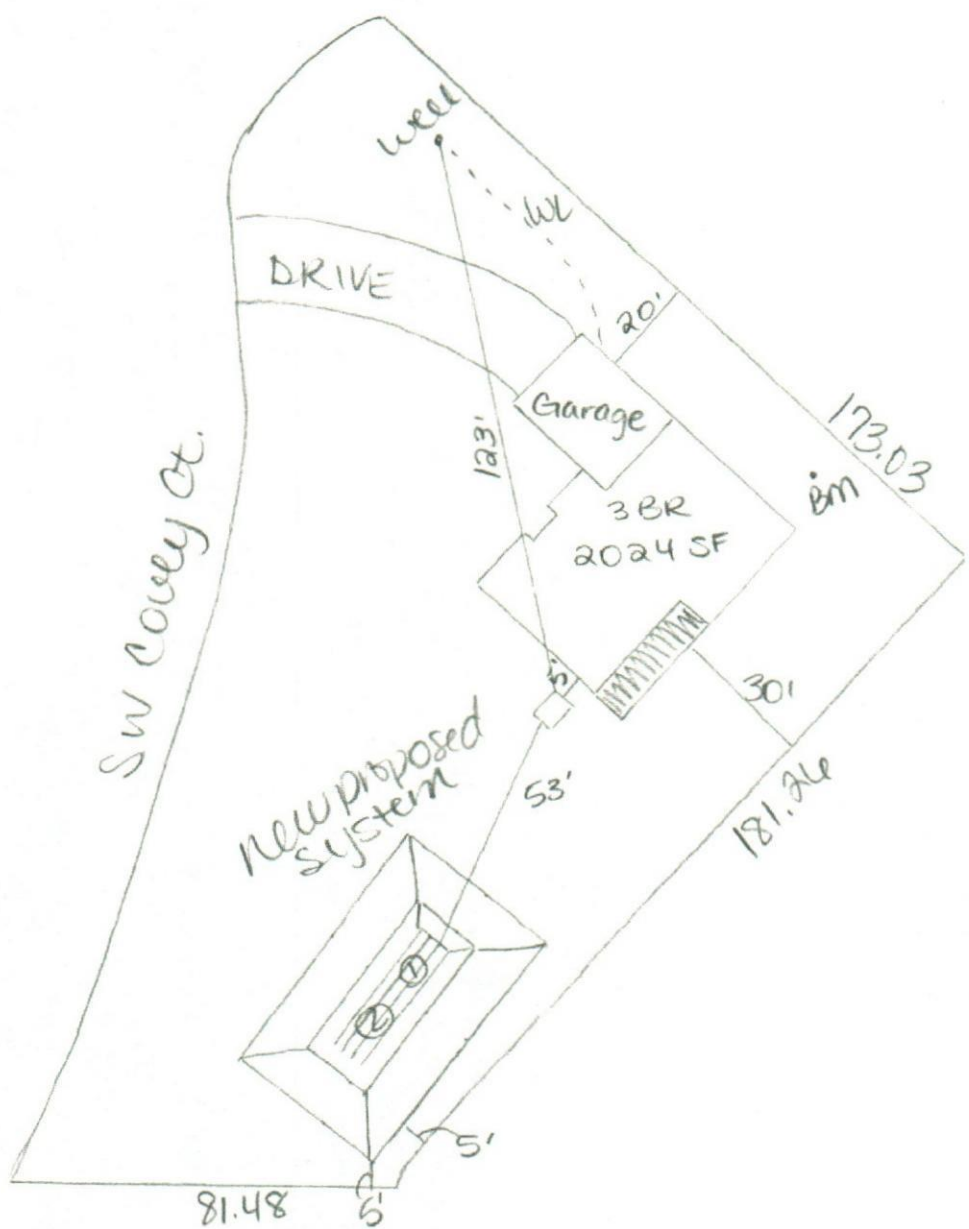
Notes: _____

Site Plan submitted by: Rodney D. [Signature] master contractor
Plan Approved ☒ Not Approved _____ Date 5/16/23
By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

23-0350
Carter
1 in = 40 ft.
5-8-23

↑N



Roddy D 7



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

PERMIT #: 12-SC-2707501
APPLICATION #: AP1965447
DATE PAID: 5/12/23
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1938388

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: TAMMY**23-0350 CARTER

PROPERTY ADDRESS: 399 SW COVEY Lake City, FL 32024

LOT: 17 BLOCK: _____ SUBDIVISION: Covey Court

PROPERTY ID #: 02678-217 [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 New Multi-Chambered Septic 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 [x] MOUND []

I CONFIGURATION: [x] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Nail in pine N of site

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

E BOTTOM OF DRAINFIELD TO BE [5.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [25.00] 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

H

E

R

SPECIFICATIONS BY: ROCKY D FORD

TITLE: M. Contractor

APPROVED BY: Sean P Havens

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 05/16/2023

EXPIRATION DATE: 11/16/2024

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

Incorporated: 64E-6.003, FAC

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