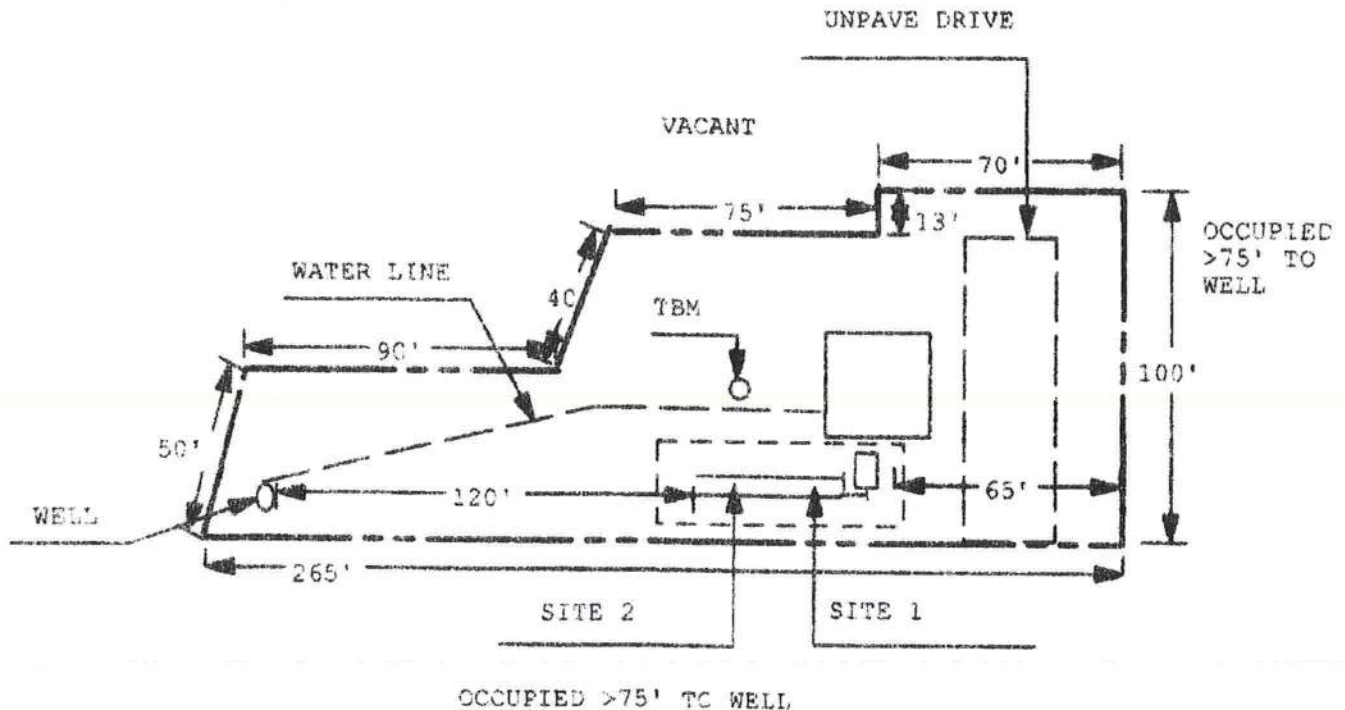


Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 12-0420

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CP# 10-5514



1 inch = 50 feet

Site Plan Submitted By Paul R. [Signature] Date 9/19/12
Plan Approved X Not Approved Date 10/1/12

By Sally Ford Env Health Director Columbia CPHU

Notes: _____



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

APPLICATION FOR CONSTRUCTION PERMIT

CR# 10-5514

PERMIT NO. 12-420
DATE PAID: 9/10/12
FEE PAID: 38.00
RECEIPT #: 2015864
AD1083706

APPLICATION FOR:

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

APPLICANT: THELMA SIMS

AGENT: PELON'S SEPTIC

TELEPHONE: (386) 755-1616

MAILING ADDRESS: 330 NW RAILROAD ST.

LAKE CITY FL 32055

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) 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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 28-38-17-05661-001 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 0.546 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 119 FRY ST.

DIRECTIONS TO PROPERTY:

441 NORTH TURN RIGHT ON HWY 100-A, TURN RIGHT ON VOSS TURN LEFT ON FRY ST. SITE ON LEFT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	HOUSE	1	900	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: _____

DATE: 9-19-2012

10:40:21 a.m. 10-01-2016

386 758 2187

ENVIRONMENTAL HEALTH



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

CR # 10-5614
PERMIT NO. 10-5614
DATE PAID: 9/20/16
FEE PAID: 310.00
RECEIPT #: 505868
AP105868

CONSTRUCTION PERMIT FOR:

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

APPLICANT: THELMA SIMS

PROPERTY ADDRESS: 119 FRY ST.

LOT: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS

[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

PROPERTY ID #: 28-38-17-05661-001

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 SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES ☐
A [] GALLONS / GPD CAPACITY MULTI-CHAMBERED/IN-SERIES ☐
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS ☐ [] DOSES PER 24 HRS # PUMPS ☐

D [250] SQUARE FEET PRIMARY DRAINFIELD SYSTEM

R [] SQUARE FEET SYSTEM

A TYPE SYSTEM: ☐ STANDARD ☒ FILLED ☐ MOUND ☐

I CONFIGURATION: ☒ TRENCH ☐ BED ☐

N
F LOCATION OF BENCHMARK: NAIL IN 36" CHINABERRY TREE NORTH OF SYSTEM SITE

I ELEVATION OF PROPOSED SYSTEM SITE [24] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [30] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [12.0] INCHES EXCAVATION REQUIRED: [0] INCHES

O
T
H
E
R
PUMP MAY NEED TO BE USED IF GRAVITY FLOW CANNOT BE OBTAINED.

SPECIFICATIONS BY: PAUL LLOYD

TITLE: SOIL SCIENTIST

APPROVED BY: Sally Ford

TITLE: Env Health Director

COLUMBIA CHD

DATE ISSUED: 10/1/16

EXPIRATION DATE: 4-1-17