



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

FW

CR # 10-8779

PERMIT NO. 22-0285
DATE PAID: 4/4/22
FEE PAID: 310.00
RECEIPT #: 1815098

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: ROGER & ELLEN THORNTON

AGENT: ERKINGER CONSTRUCTION GROUP

TELEPHONE: (386) 754-5555

MAILING ADDRESS: 248 SE NASSAU STREET

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

LOT: 34 BLOCK: N/A SUBDIVISION: APPALACHEE TRACE PLATTED: _____

PROPERTY ID #: 02-6S-16-03766-134 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 10.010 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 386 SW ROANOKE TERRACE FORT WHITE FLORIDA

DIRECTIONS TO PROPERTY: TAKE STATE ROAD 47 SOUTH. TURN LEFT ON HERLONG STREET. TURN LEFT ON SOUTHWEST ROANOKE TERRACE AT CORNER OF CHIEFLAND LANE.

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	<u>HOUSE</u>	<u>3</u>	<u>1,870</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Matthew A. Erkinger, Pres.

DATE: 4-1-2022



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

PERMIT #: 12-SC-2484301
APPLICATION #: AP1815298
DATE PAID: 4/4/22
FEE PAID: 30.00
RECEIPT #: _____
DOCUMENT #: PR1759649

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ROGER**22-0285 THORNTON
PROPERTY ADDRESS: 386 SW ROANOKE Fort White, FL 32038
LOT: 34 BLOCK: _____ SUBDIVISION: Appalachee Trace
PROPERTY ID #: 03766-134 [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 Septic Tank 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 []

F LOCATION OF BENCHMARK: nail in 10" oak NE. 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: [0.00] 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: PAUL LLOYD TITLE: PSE

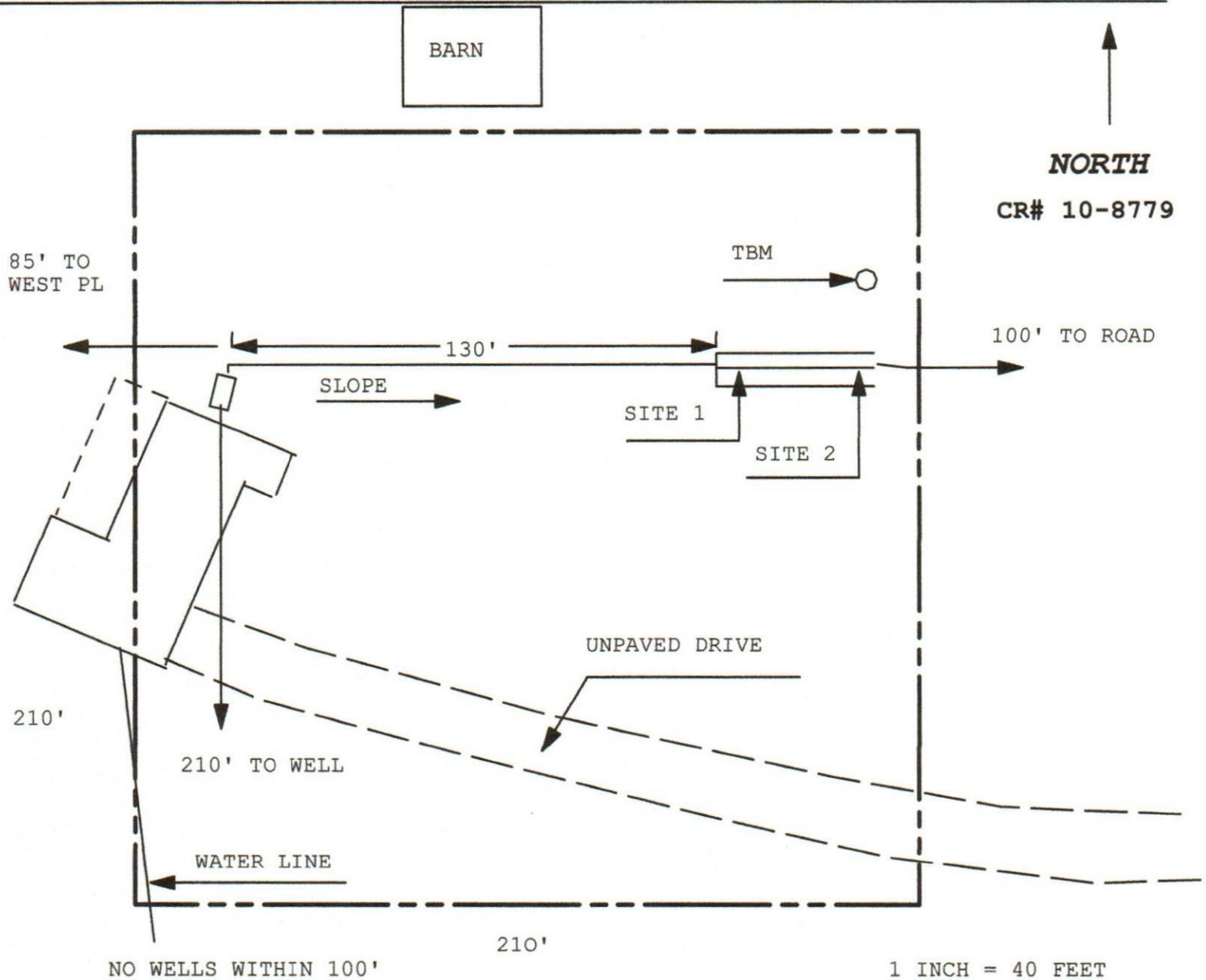
APPROVED BY: Dustin W. Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 04/15/2022 EXPIRATION DATE: 10/15/2023

DH 4016 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 22-0285

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul L. Day Date 3/31/22
Plan Approved X Not Approved _____ Date 4/7/22

By [Signature] Columbia CHD CPHU

Notes: _____