



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

APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 22-0718
DATE PAID: 8/14/22
FEE PAID: 310.00
RECEIPT #: 1875290

APPLICATION FOR:

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

APPLICANT: Jonathan Li229 EMAIL: nflsepticTank@comcast.net

AGENT: Robert Ford 999 - North Florida Septic Tank Inc. TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Rd 100, 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

OSTDS REMEDIATION PLAN? ☐ Y ☒ N

LOT: BLOCK: SUBDIVISION: PLATTED:

PROPERTY ID #: 05-25-17-04669-002 ZONING: I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 05.99 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 1498 TBD NW Cripple Creek St, LC

DIRECTIONS TO PROPERTY:

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	<u>MH</u>	<u>3</u>	<u>1920</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert Ford 999 DATE: 8/12/22



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

PERMIT #: 12-SC-2560187
APPLICATION #: AP1875790
DATE PAID: 8/19/22
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1813621

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JONATHAN**22-0718 LIZZA
PROPERTY ADDRESS: 1498 NW CRIPPLE CREEK Lake City, FL 32055

LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 04669-002 [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 [225] GALLONS DOSING TANK CAPACITY [50.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]

D [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND [] _____
I CONFIGURATION: [X] TRENCH [] BED [] _____

F LOCATION OF BENCHMARK: Tree NW of site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [8.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [34.00] 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 flow of 300 gpd.
Performing Lift Dosing.
Pumps must be certified as suitable for distributing sewage effluent.

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 08/22/2022 EXPIRATION DATE: 02/22/2024

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

Incorporated: 64E-6.003, FAC

Permit Application Number

Lizza

-PART II - SITEPLAN

Hand-drawn site plan showing property boundaries, a driveway, a well, a shed, and a house. Dimensions are given in feet. A north arrow points up and a slope arrow points down. A line connects a point on the well to a point on the house.

- Driveway:** Located on the left side, labeled "DRIVE".
- Well:** Labeled "WELL 100'". Dimensions: 64' x 55'. Inside the well area, "382" and "1920 SQ" are written. A small structure is labeled "10' x 12'".
- House:** Labeled "HOUSE 105' x 185'". Dimensions: 60' x 210'. Inside the house area, "51" and "52" are written.
- Other Dimensions:** 194', 100', 95', 105', 185', 60', 210', 47', 30', 105', 185', 60', 210'.
- North Arrow:** Points up, labeled "North".
- Slope Arrow:** Points down, labeled "SLOPE".
- Other Labels:** "8m" (circled), "105'", "185'", "60'", "210'", "194'", "100'", "95'".

Notes: _____

Robert Ford 999

8 | 11 | 22

1.44 of 65.99 Acres

See Attached

Site Plan submitted by:

Contractor

Plan Approved

Not Approved

Date 8/22/22

By _____

ES2

Columbia

County Health Department

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DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0718

----- PART II - SITEPLAN ----- L1229 -----

See attachment

Notes: _____

Site Plan submitted by: Robert Ford 999 Date 8/11/22 MASTER CONTRACTOR

Plan Approved ☒ Not Approved ☐ Date 8/22/22

By [Signature] ESS Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT