



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 22-0718  
DATE PAID: 8/14/22  
FEE PAID: 310.00  
RECEIPT #: 1875790

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Jonathan Lizza EMAIL: nflsepticTank@comcast.net

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

MAILING ADDRESS: 7415E 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: [ X ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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	MH	3	1920	
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: 8/14/22  
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

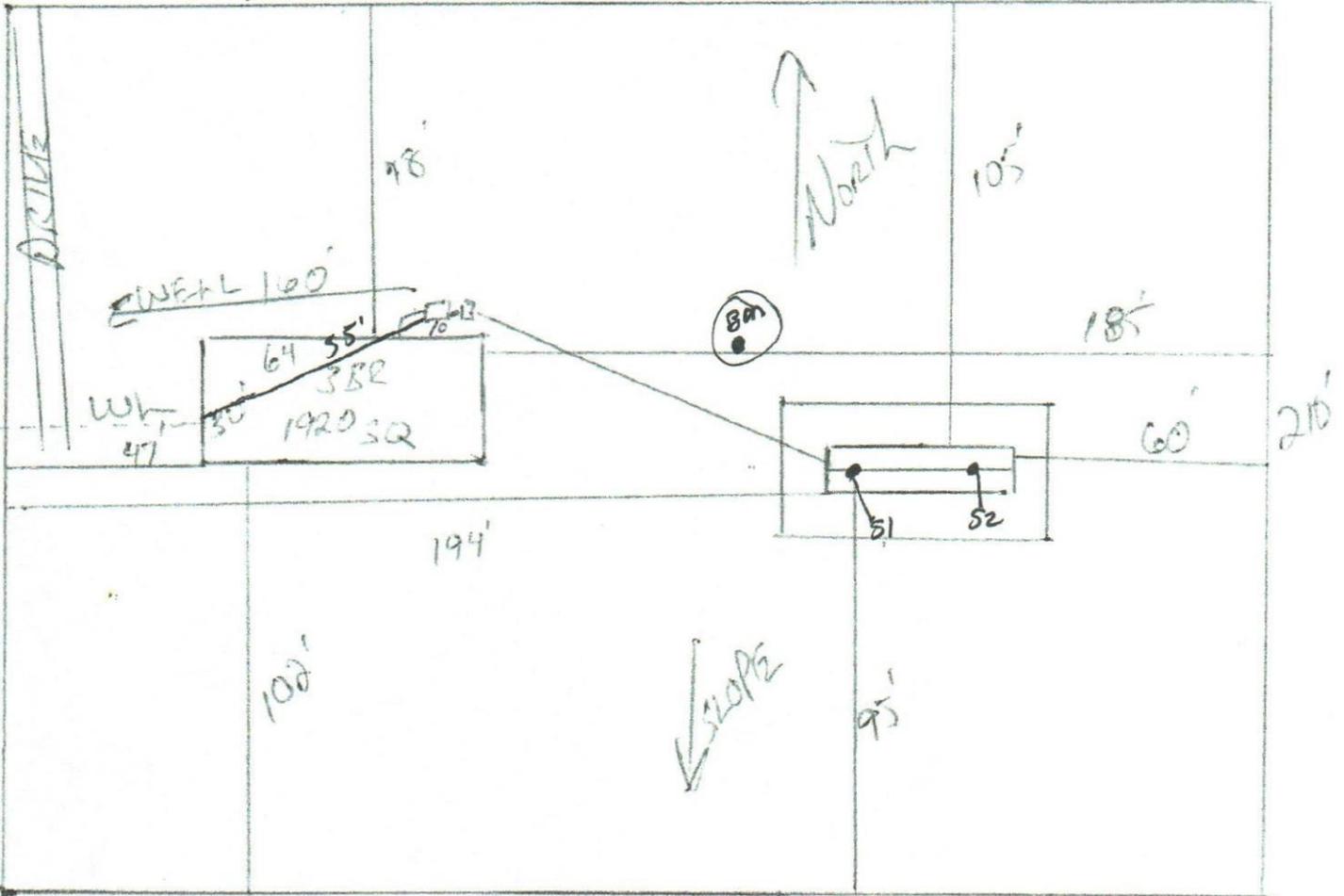
STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0718

Lizza

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

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



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 8/11/22

By [Signature] ES2 Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

STATE OF FLORIDA  
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 909 Date 8/11/22 MASTER CONTRACTOR

Plan Approved  Not Approved  Date 8/22/22

By [Signature] ES2 Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**