

Permit Application Number _____

Bell, Robert & Sarah

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



Site Plan submitted by:

Plan Approved

~~Not~~ Approved

Date 9/8/22

By _____

County Health Department

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

Incorporated: 62-5.004, F.A.C.



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

PERMIT NO: 22-0736
DATE PAID: 8/30/22
FEE PAID: 310.00
RECEIPT #: 1877706

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Sarah + Robert Bell

EMAIL:

AGENT: Jeff Hardee

TELEPHONE: 352-949-0592

MAILING ADDRESS: 6450 NW 72 Ln Chiefland FL 32626
EMAIL: jeffhardeehcp@aol.com

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 #: 32-38-16-02421-002 (9536) ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 7.24 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ☐ <=2000GPD [] ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 107 FT

PROPERTY ADDRESS: Heathridge Dr Lake City

DIRECTIONS TO PROPERTY: Hwy 90 W TLR Heathridge Dr
at curve TLR onto Easement to Lot

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
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1	<u>mobile home</u>	<u>4</u>	<u>2132</u>	
2				
3				
4				

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

SIGNATURE: Jeff Hardee DATE: 8-29-22

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

Incorporated 62-6.004, FAC



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

PERMIT #: **12-SC-2563206**
APPLICATION #: **AP1877705**
DATE PAID: **8/30/22**
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR1826825**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: SARAH**22-0736 BELL
PROPERTY ADDRESS: HEATHRIDGE Lake City, FL 32055
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 02421-002 [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 [1,050] 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 [500] 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 small oak

I ELEVATION OF PROPOSED SYSTEM SITE [18.00] [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 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T
H
E
R

SPECIFICATIONS BY: Jeff Hardee TITLE: 75E

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

DATE ISSUED: 09/08/2022 EXPIRATION DATE: 03/08/2024

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