



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

PERMIT NO. 20-0187  
DATE PAID: 3/6/20  
FEE PAID: 310.00  
RECEIPT #: 470073  
12/23/20 \$55.00

APPLICATION FOR:

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

APPLICANT: Exodus 4 LLC

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: 69 BLOCK: NA SUB: Oaks of Lake City PLATTED: \_\_\_\_\_

PROPERTY ID #: 18-5S-17-09280-169 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: SW Mandiba Drive, Lake City, FL

DIRECTIONS TO PROPERTY: Head W on NE Franklin St, TL onto US-41S,  
TR onto SW Tustenuggee Ave, TR onto SW mandiba DR

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 | SF Residential | 3 | 2312 |  |
|---|----------------|---|------|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 2 |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 3 |  |  |  |  |
|---|--|--|--|--|

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

SIGNATURE: William D. Bishop II

DATE: 12/15/2020



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

PERMIT #: 12-SC-2045717  
APPLICATION #: AP1472073  
DATE PAID: 3/6/20  
FEE PAID: 50.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1317262

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: EXODUS\*\*20-0187 4 LLC  
PROPERTY ADDRESS: SW MANDIBA Dr Lake City, FL 32024  
LOT: 69 BLOCK: \_\_\_\_\_ SUBDIVISION: Oaks of Lake City  
PROPERTY ID #: 09280-169 [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 New Multi-Chambered Septic 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 [ ]  
N  
F LOCATION OF BENCHMARK: Nail in oak E of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 12.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 42.00 ] [ INCHES ] FT [ ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L

D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] 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.

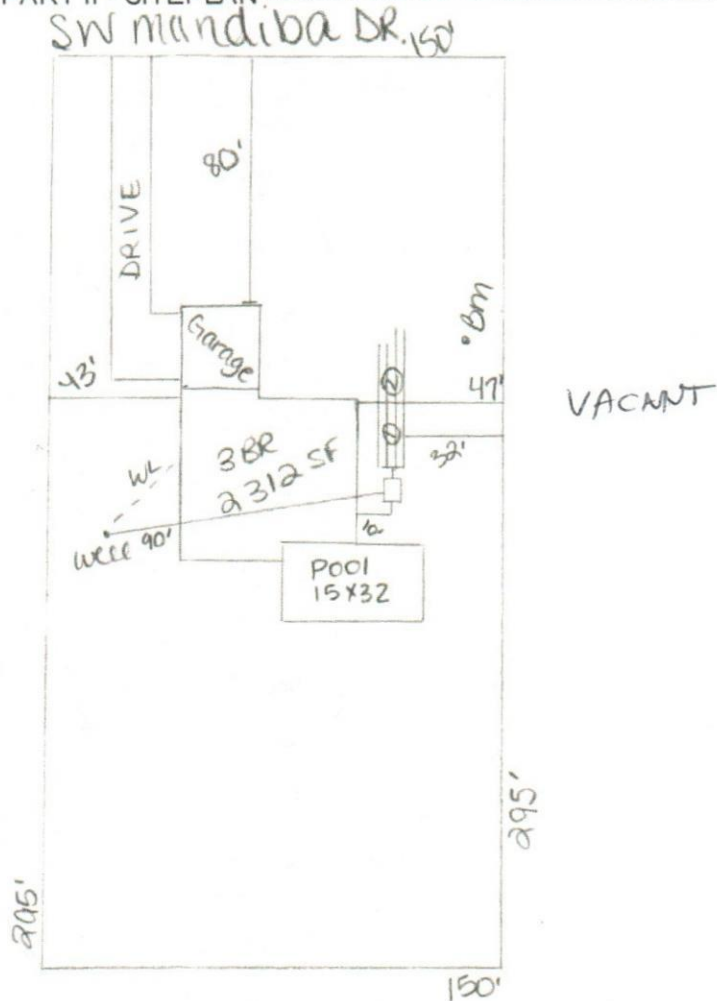
T  
H  
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R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor  
APPROVED BY: Sean P. Havens TITLE: Environmental Specialist I Columbia CHD  
DATE ISSUED: 01/11/2021 EXPIRATION DATE: 09/10/2021  
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

Permit Application Number 20-0187

## PART II - SITEPLAN

60



Notes:

RECEIVED  
12/22/20

MASTER CONTRACTOR

Plan Approved ☒ Not Approved ☐ Date 12-15-20  
By [Signature] CS2 Columbus County Health Department  
1/11/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT