



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

PERMIT #: 12-SC-2789460
APPLICATION #: AP2002554
DATE PAID: 9.27.23
FEE PAID: 175.00
RECEIPT #: _____
DOCUMENT #: PR2002021

CONSTRUCTION PERMIT FOR: OSTDS Repair

APPLICANT: ROBERT**23-0688 FORD

PROPERTY ADDRESS: 1862 N US HWY 441 Lake City, FL 32055

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 05234-000

[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 Septic Tank CAPACITY
A [0] GALLONS / GPD _____ CAPACITY
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [250] SQUARE FEET Drainfield SYSTEM
R [0] SQUARE FEET _____ SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND [] _____

I CONFIGURATION: [x] TRENCH [] BED [] _____

N

F LOCATION OF BENCHMARK: pecan 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 [12.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [24.00] INCHES EXCAVATION REQUIRED: [20.00] INCHES

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd. Required drainfield area based on Rule 62-6.015(6)(c)2., F.A.C.
T Install a new drainfield to achieve Drainfield size requirement.
H **Remove all SPODIC material from DF site prior to construction of the Mound. Material is to NOT be used in or on system including shoulder/slopes.
E (Comments Continued on Page 2.)
R

SPECIFICATIONS BY: Robert W Ford TITLE: Master Contractor

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

DATE ISSUED: 10/04/2023 EXPIRATION DATE: 01/02/2024

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

1" = 20'

Permit Application Number

23-0288



PART II - SITEPLAN

See ATT

Notes:

Site Plan submitted by: Robert Ford 999 Date: 9-28-2023

Plan Approved  Not Approved _____

By  Date 10/2/23
 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004, F.A.C.

23-0588

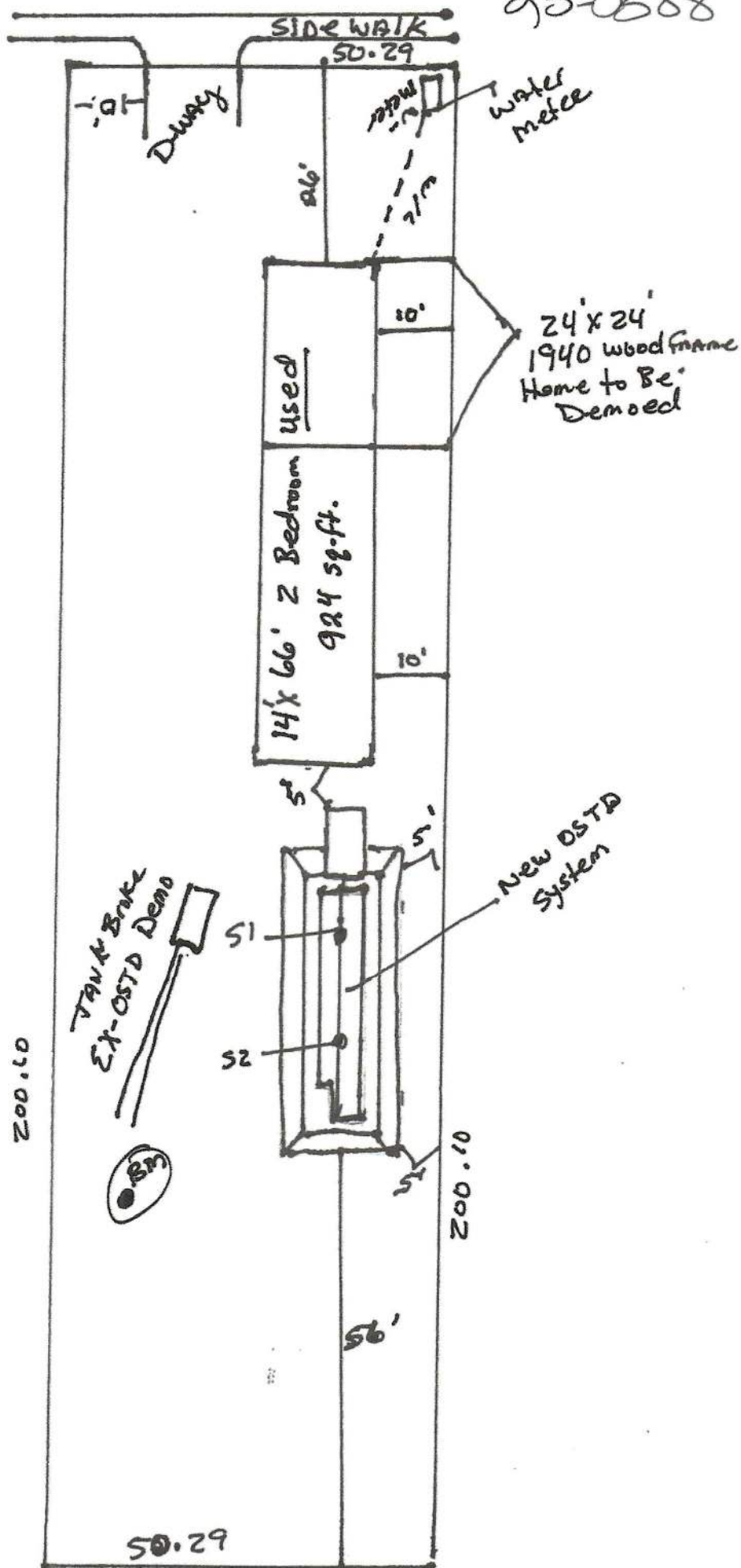
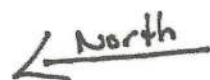
Rob Sw 2d III

9-26-2023

20-35-17-05234-000

0.23 AC.

1862 N. US Highway 441





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

23.0688
PERMIT NO. _____
DATE PAID: 9.28.23
FEE PAID: 105.00
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [x] like 4 like

APPLICANT: ROBERT FORD III

EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 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: 1940

PROPERTY ID #: 05234-000 ZONING: FS I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.229 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1862 n us hwy 441, LAKE CITY

DIRECTIONS TO PROPERTY: N 441 on (U)

BUILDING INFORMATION

[x] RESIDENTIAL

[] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	USED MH	2	924	NO ORG
2	14X666			
3				
4				

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

SIGNATURE: _____

Robert Ford III

DATE: 10/10/23

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

Incorporated 62-6.004, FAC