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

PERMIT NO. 21-0785  
DATE PAID: 12/19/21  
FEE PAID: 725.00  
RECEIPT #: 1268446

APPLICATION FOR:

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

APPLICANT: Michelle Faller

AGENT: Americas Home Place LLC TELEPHONE: 229-245-8560

MAILING ADDRESS: 282 Norman Drive Suite B Valdosta GA 31601

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: 4 BLOCK: \_\_\_\_\_ SUBDIVISION: Hills of Huntsville PLATTED: \_\_\_\_\_

PROPERTY ID #: 08-35-16-02032-104 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5.09 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 428 130 NW Milo Terrace, Lake City FL

DIRECTIONS TO PROPERTY: See map Attached

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	<u>Single family</u>	<u>4 5<sup>cam</sup></u>	<u>3206</u>	<u>Heated 3967 2576</u>
2				
3				
4				

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

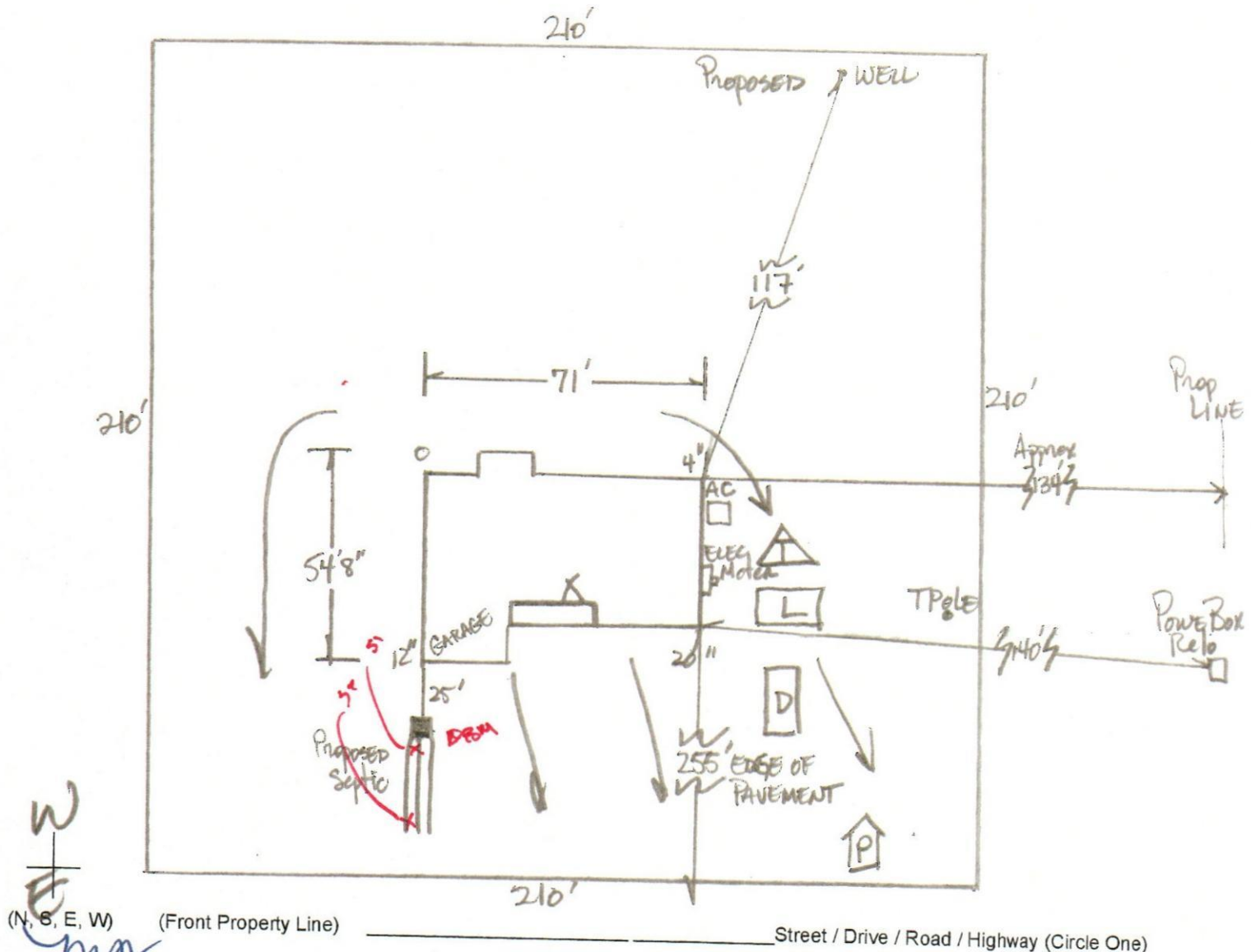
SIGNATURE: [Signature] (For America's Home Place) DATE: 12-1-21

# SITE MEETING CHECKLIST FOR SLAB HOMES

## SITE SKETCH

Use a straight edge to draw a Foot Print (or reduce a foundation plan and copy to this form) of the location of the house, garage, porches, landings, steps, driveway, walkway and conditions of the lot. Show the location of all applicable items on the list below. **(Label on SITE SKETCH and check off each item)**

- |  |   |
|--|---|
| 1. <input checked="" type="checkbox"/> Dimension ALL sides of house to Property lines      | 12. <input checked="" type="checkbox"/> Air conditioner condenser unit location             |
| 2. <input checked="" type="checkbox"/> Garage  | 13. <input checked="" type="checkbox"/> Precise spot for trusses                            |
| 3. <input checked="" type="checkbox"/> Sewer/ Septic Stub Out & Field Lines                | 14. <input checked="" type="checkbox"/> Precise spot for lumber                             |
| 4. <input checked="" type="checkbox"/> Water supply stub out                               | 15. <input checked="" type="checkbox"/> Dumpster location                                   |
| 5. <input checked="" type="checkbox"/> Gas line stub out                                   | 16. <input checked="" type="checkbox"/> Port-a-john location                                |
| 6. <input checked="" type="checkbox"/> Power meter base                                    | 17. <input checked="" type="checkbox"/> Driveway and walkway sketch                         |
| 7. <input checked="" type="checkbox"/> Locate Temporary Power Pole & service type          | 18. <input checked="" type="checkbox"/> Note ALL field elevations at EACH offset of house   |
| 8. <input checked="" type="checkbox"/> Closest Utility Pole / Transformer & Proposed Poles | 19. <input checked="" type="checkbox"/> Locate ALL existing structures and field conditions |
| 9. <input checked="" type="checkbox"/> Well or water meter location & water lines          | 20. <input checked="" type="checkbox"/> Locate Required Erosion Control Fencing             |
| 10. <input checked="" type="checkbox"/> Hose bibs  | 21. <input checked="" type="checkbox"/> Locate Grade Heights at Each Corner                 |
| 11. <input checked="" type="checkbox"/> Locate and note <b>North</b> on sketch (Compass)   |   |



(N, S, E, W) (Front Property Line) \_\_\_\_\_ Street / Drive / Road / Highway (Circle One)

Owner Signature

Date

Owner Signature

Date

Project Manager's Signature

Date 10/22/21

Project Manager's Printed Name: David F. Fickling



STATE OF FLORIDA  
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0985

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

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

See Attached

Notes: \_\_\_\_\_

Site Plan submitted by: [Signature] (For America's Home Place) Agent: X Owner: \_\_\_\_\_ Date: 12-1-21  
Plan Approved X Not Approved \_\_\_\_\_ Date 12/21/21  
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT





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

PERMIT #: **12-SC-2426101**  
APPLICATION #: **AP1768446**  
DATE PAID: **12/16/21**  
FEE PAID: **425.00**  
RECEIPT #:  
DOCUMENT #: **PR1706642**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: MICHELLE\*\*21-0985 FALLER  
PROPERTY ADDRESS: NW MILO Lake City, FL 32055  
LOT: 4 BLOCK: SUBDIVISION: HILLS OF HUNTSVILLE U-1  
PROPERTY ID #: 02032-104 [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 [ 1,200 ] 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 [ 575 ] 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 tree next to system

I ELEVATION OF PROPOSED SYSTEM SITE [ 16.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 46.00 ] [ 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 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of 460 gpd.  
T  
H  
E  
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

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

DATE ISSUED: 12/21/2021 EXPIRATION DATE: 06/21/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)  
Incorporated: 64E-6.003, FAC

*[Handwritten signature]*