



STATE OF FLORIDA (2)
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 22-0026
DATE PAID: 1/18/22
FEE PAID: 810.00
RECEIPT #: 1786462

APPLICATION FOR:

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

APPLICANT: Ramey Billeh

AGENT: Suwannee Septic

TELEPHONE: (239) 910-7555

MAILING ADDRESS: 2215 CR 249 Live Oak FL 32060

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: BLOCK: SUBDIVISION: PLATTED:

PROPERTY ID #: 33-15-17-04633-002 ZONING: I/M OR EQUIVALENT: [Y/(N)]

PROPERTY SIZE: 21.98 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 440 Spradley Road Lake City FL 32055

DIRECTIONS TO PROPERTY:

BUILDING INFORMATION

[x] RESIDENTIAL [] COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

1 MH 4 2273

2

3

4

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

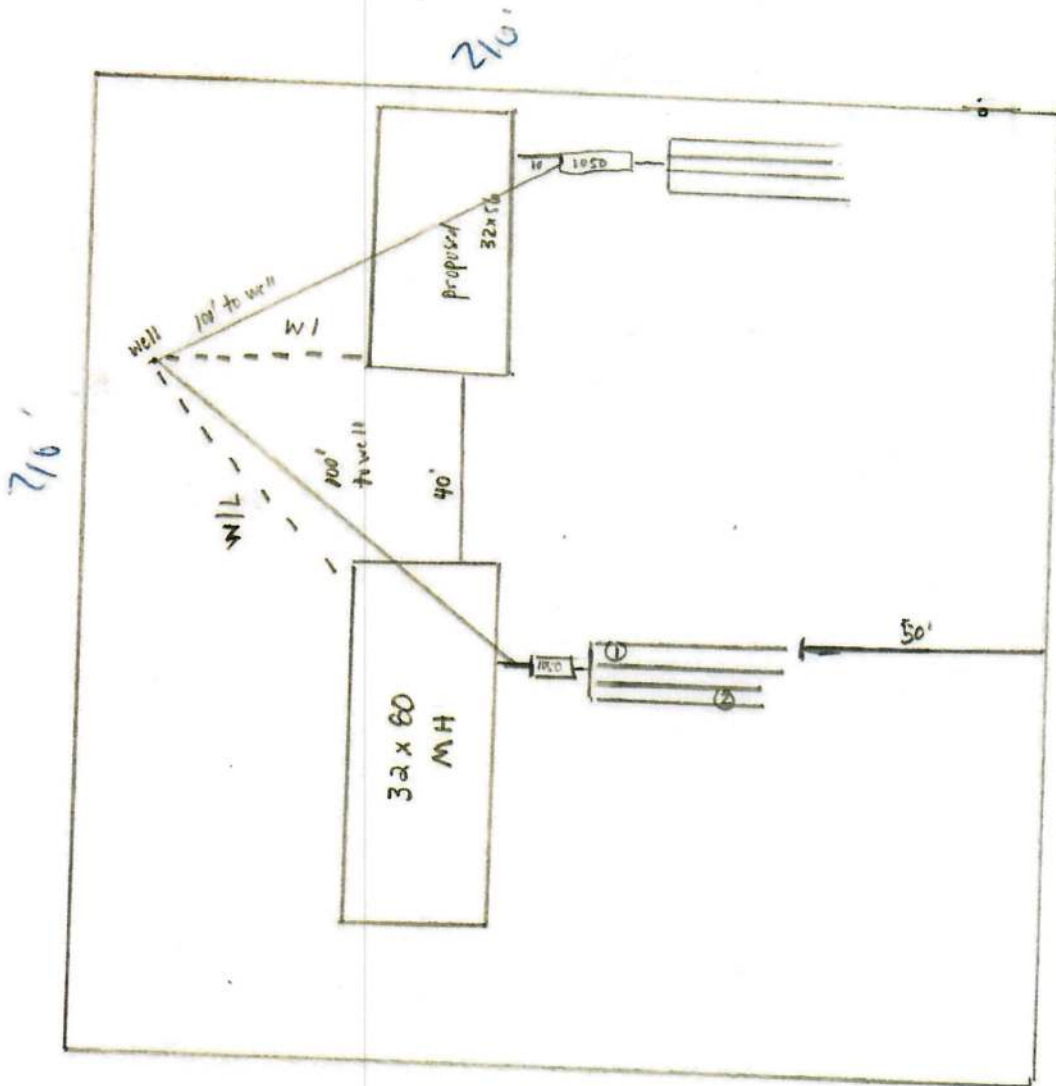
SIGNATURE: Dale Watson

DATE: 1/12/22

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

23-0024

BM



1 acre of 21.98

1" = 40'

Ed. Watson 1/12/22



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

PERMIT #: 12-SC-2447645
APPLICATION #: AP1786462
DATE PAID: 1/18/22
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1721237

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: RAMEY**22-0026 BILLEYH

PROPERTY ADDRESS: 440 SPRADLEY Lake City, FL 32055

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 04633-002

[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 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 []

F LOCATION OF BENCHMARK: Nail in fence post pink ribbon N of site

I ELEVATION OF PROPOSED SYSTEM SITE [17.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [34.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

L D FILL REQUIRED: [1.00] INCHES EXCAVATION REQUIRED: [] 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 Specifications by Kelli Rogers, PSE

SPECIFICATIONS BY:

Kelli Rogers

TITLE:

PSE

APPROVED BY:

Sean P Havens

TITLE: Environmental Specialist I

Columbia

CHD

DATE ISSUED:

01/20/2022

EXPIRATION DATE:

07/20/2023

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

v 1.1.4

AP1786462

SE1637707

Page 1 of 3

SF

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

23-0024

PART II - SITEPLAN

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

See attached

Notes:

Site Plan submitted by: Dale Wabon 1/12/22

Plan Approved ☒

Not Approved ☐

Date 1/20/22

By [Signature] ES2 Glenside County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT