



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

PERMIT NO. 23-0243
DATE PAID: 3/20/23
FEE PAID: 310.00
RECEIPT #: 1952271

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Keith Archbold EMAIL: nflsepticTank@comcast.net

AGENT: Robert Ford III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 3867556372

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: 32 BLOCK: - SUBDIVISION: Village on the Green PLATTED: -

PROPERTY ID #: 27-35-11-02310-132 ZONING: - I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 0.48 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☒ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: - FT

PROPERTY ADDRESS: 1802 NW Frontier Dr, Lake City

DIRECTIONS TO PROPERTY: -

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
1	<u>home</u>	<u>4</u>	<u>2552</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) -

SIGNATURE: Robert Ford III DATE: 3-29-2023

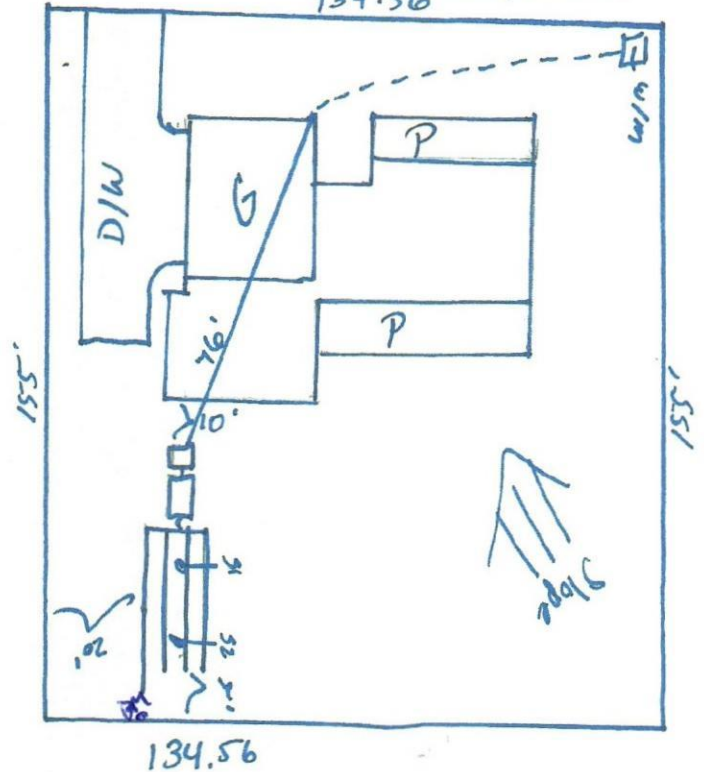
STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1" = 40'

Permit Application Number 23-0243

Archbold

PART II - SITEPLAN



Site Plan submitted by: Robert Ford 999 Date: 3-29-2023

Plan Approved ☒ Not Approved ☐

By [Signature] ES2 Columbia

MASTER CONTRACTOR

Date 3/31/23

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-2673630**
APPLICATION #: **AP1956271**
DATE PAID: **313023**
FEE PAID: **310.00**
RECEIPT #:
DOCUMENT #: **PR1910667**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: KEITH**23-0243 ARCHBOLD
PROPERTY ADDRESS: 1802 NW FRONTIER Lake City, FL 32055
LOT: 32 BLOCK: SUBDIVISION: Village On The Green
PROPERTY ID #: 02310-132 [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 [500] GALLONS / GPD Aerobic Unit 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 [375] 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: 16" oak tree south of site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] 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
H Nitrogen-reducing system installed to comply with current or future spring BMAP requirements.
E Nitrogen-reducing NSF-245 certified aerobic treatment unit.
R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 03/31/2023 EXPIRATION DATE: 09/30/2024
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC