

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

PERMIT NO. C	20-0346
DATE PAID:	5-7-20
FEE PAID:	310.00
RECEIPT #:	
AP150	3025

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Repair [] Abandonment [] Temporary	[] Innovative
APPLICANT: Paula Payne	
	EPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038	
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEM A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA SAPPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFAST	STATUTES. IT IS THE
PROPERTY INFORMATION	
LOT: NA BLOCK: NA SUB: NA	PLATTED:
PROPERTY ID #: 04-6S-17-09599-000 ZONING: I/M OR PROPERTY SIZE: 79.92 ACRES WATER SUPPLY: [V] PRIVATE PUBLIC [] IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTAND PROPERTY ADDRESS: 1605 SW HOwell St Lake City FL DIRECTIONS TO PROPERTY: 441 South Left on 41 South Right on Howe	CE TO SEWER: NA FT
Right	and to bite on
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIA Unit Type of No. of Building Commercial/Instit No Establishment Bedrooms Area Sqft Table 1, Chapter	utional System Dosi-
1 SF Residential 3 1961 2	
[] Floor/Equipment Drains [] Other (Specify) SIGNATURE: William D. Biskop II DH 4015, 08/09 (Obsoletes previous editions which may not be used)	DATE: 5/6/2020

Incorporated 64E-6.001, FAC

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

PERMIT #: 12-SC-2081288
APPLICATION #: AP1503025
DATE PAID: 4/7/20
FEE PAID: 30000
RECEIPT #:
DOCUMENT #: PR1347791

CONSTRUCTION PERMIT FOR: OSTDS New		
APPLICANT: Paula**20-0346 Payne		
PROPERTY ADDRESS: 1605 SW Howell St Lake City, FL	32024	
LOT: BLOCK: SUBD	IVISION:	
PROPERTY ID #: 04-6S-17-09599-000	[SECTION, TOWNSHIP, RANGE, PAR [OR TAX ID NUMBER]	CEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. SATISFACTORY PERFORMANCE FOR ANY SPECIFIC WHICH SERVED AS A BASIS FOR ISSUANCE OF PERMIT APPLICATION. SUCH MODIFICATIONS MAY ISSUANCE OF THIS PERMIT DOES NOT EXEMPT STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPM	DEPARTMENT APPROVAL OF SYSTEM DO PERIOD OF TIME. ANY CHANGE IN THIS PERMIT, REQUIRE THE APPLICANT (RESULT IN THIS PERMIT BEING MADE THE APPLICANT FROM COMPLIANCE WITH	ES NOT GUARANTE MATERIAL FACTS TO MODIFY THE
SYSTEM DESIGN AND SPECIFICATIONS		
GALIONS BOSING TANK CAPACITY	CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GAL]GALLONS @[]DOSES PER 24 HRS SYSTEM SYSTEM	#Pumps []
F LCCATION OF BENCHMARK: Nail in fence post North of s	ite.	
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] E BOTTOM OF DRAINFIELD TO BE [37.00]	I [INCHES / FT] [ABOVE / BELOW] BENCHMARK/R	EFERENCE POINT
D FILL REQUIRED: [0.00] INCHES EXCAVA	ATION REQUIRED: [] INCHES	
The system is sized for 3 bedrooms with a maximum occupa 300 gpd.	ancy of 6 persons (2 per bedroom), for a total estimate	d flow of
SPECIFICATIONS BY: William D Bishop II	TITLE: Master Septic Contractor	
APPROVED BY: Sear Favens	Environmental Specialist I	Columbia CHD
DATE ISSUED: 05/11/2020	EXPIRATION DATE:	11/11/2021
OH 4016, 08/09 (Obsoletes all pravious editions w		
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STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

0000000	rem	at Application Number
P. Payne	PART II - SITEPLAN -	
Scale: 1 inch = 40 feet.	210'	
of the state of th		14
1 acre of 79,92		30 , well 135 1961 SF
Notes:	SW HOL	vece st
1 acre o	of 79.92	
Plan Approved By ALL CHANGES M	Not Approved FSTE UST BE APPROVED BY THE COUN	MASTER CONTRACTOR Date 5 4000 County Health Department 511/20 ITY HEALTH DEPARTMENT
	hich may not be used) Incorporated: 64E-6.001, F	