

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

PERMIT NO.

DATE PAID:

FEE PAID:

RECEIPT #:

APPLICATIO	N FOR CONS	TRUCTION E	ERM	IT	AP	1810368
APPLICATION FOR: [Existing Sy Abandonment	stem []	Holding Tank	[]	
APPLICANT: BKL- DENUNE INC	C (FAMILY HOME	ES/DALLAS)				
AGENT: ROBERT FORD III- NOR	TH FLORIDA SEP	TIC TANK INC		TEI	LEPHONE	: 386-755-6372
MAILING ADDRESS: 741 SE STA						
TO BE COMPLETED BY APPLICATED PURSON LICENSED PURSON APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQU	ANT OR APPLICATION OF THE PROVIDE OF T	ANT'S AUTHOR 05(3)(m) OR DOCUMENTATION DERATION OF	N OF	552, FLORIDA THE DATE THE	STATUTE LOT WA	S. IT IS THE
PROPERTY INFORMATION			====			=======================================
LOT: 8 BLOCK:	SUBDIVISIO	N: FORD LAN	E HIC	HLANDS		T AMMED.
PROPERTY ID #: 24-5S-15-0047	1-000 (2064)	ZONIN	G: _	I/M OR	EQUIVA	ALENT: [No 🔽]
PROPERTY SIZE: 10.02 ACRE	S WATER SUP	PLY: [] PR	IVAI	E PUBLIC []<=2000	GPD [1>2000GPD
IS SEWER AVAILABLE AS PER	J. 10003, 15	: [NO []		DISTAN	ICE TO S	SEWER:FT
THOUSE TO TOKE	LANE, LAKE CI	ITTFLA				
DIRECTIONS TO PROPERTY: SF	247 SOUTH TO	CR 240 TL TO IO	CHET	UCKNEE AVE, TR	TO FORI	LNTR
TO EASEMENT TR FOLLOW TO S	TE ON R					
BUILDING INFORMATION	[/] RESI	DENTIAL		[] COMMERCIA	A.T.	
Unit Type of						
No Establishment	No. of Bedrooms		Com	mercial/Instit le 1, Chapter	64E-6	System Design
1 MH	4	2254			012 0/	220
2						
3						
4						
[] Floor/Equipment Drain	ns [] Oti	her (Specify	-			
^	n Jord	_	′ –			3/11/22



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

PERMIT #: 12-SC-2477280

APPLICATION #: AP1810368

DATE PAID: 3114/22
FEE PAID: 310.00

RECEIPT #:____

DOCUMENT #: PR1743240

APPLICANT: BKL**22	0205 DENUNE INC
PROPERTY ADDRESS:	2916 SW FORD Lake City, FL 32024
LOT: 8	BLOCK: SUBDIVISION:
PROPERTY ID #: 00	[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER] [OR TAX ID NUMBER]
WHICH SERVED AS PERMIT APPLICATION ISSUANCE OF THIS	RMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE
SYSTEM DESIGN AND S	PECIFICATIONS
T [1,050] GALLO	ONS / GPD New Multi-Chambered Septic CAPACITY
	ONS / GPD N/A CAPACITY
N [] GALLON	S GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLON	S DOSING TANK CAPACITY []GALLONS @[]DOSES PER 24 HRS #Pumps []
D [500] SQUARE	FEET Drainfield SYSTEM
R [] SQUARE	
	[X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION:	[*] TRENCH [] BED []
N	
F LOCATION OF BENCH	
I ELEVATION OF PROP	OSED SYSTEM SITE [24.00] [INCHES FT] [ABOVE BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFI	ELD TO BE [54.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/REFERENCE POINT
L	
D FILL REQUIRED:	[0.00] INCHES EXCAVATION REQUIRED: [] INCHES
The system is sized f	or 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of
T	
н	
E	
R	
SPECIFICATIONS BY:	Robert Ford TITLE: Master Contractor
APPROVED BY:	Seam P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED:	03/15/2022 EXPIRATION DATE: 09/15/2023
DH 4016, 08/09 (Obs	oletes all previous editions which may not be used)
Incorporated: 64E-	6.003. FAC Page 1 of 3

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Dallas.	Permit Application Number 22-0	12				
cale: 1 inch = 40 feet.	210					
	WELL, DRIVE DRIVE					
	70 298° 22545Q 51 51 51					
The second secon	North 32012					
res:						
	f-)					
40	- 10.02 Aerts					
Plan submitted by:	SER ATTACHED					
Approved_	Not Approved 31172 Date_343	OR				
50	Not Approved SIII & Date_ 5 & County Health Dep	artmer				
ALL CHANGES	MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT					