



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

21.0888
PERMIT NO. _____
DATE PAID: 11-2-21
FEE PAID: 310.00
RECEIPT #: _____

APPLICATION FOR:

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

APPLICANT: 386 Development LLC

AGENT: ROCKY FORD, A & B CONSTRUCTION

TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: NA SUB: Turkey Creek PLATTED: _____

PROPERTY ID #: 23-3S-16-02279-104 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☒ N

PROPERTY SIZE: 0.25 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☒ > 2000 GPD

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

PROPERTY ADDRESS: NW Turkey Creek Run Ct, Lake City, FL.

DIRECTIONS TO PROPERTY: TL onto NW Bascom Norris Dr, TR onto NW Lake Jeffery Rd, TR at NW Scenic Lake Dr, cont. onto NW Turkey Creek Way, TR onto Turkey Creek, TR on NW Turkey Run Ct.

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	SF Residential	3	1793	
2				
3				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: William D. Bishop II DATE: 10/20/2021



STATE OF FLORIDA
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ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

PERMIT #: 12-SC-2415883
APPLICATION #: AP1761263
DATE PAID: 11/21/21
FEE PAID: 30.00
RECEIPT #: _____
DOCUMENT #: PR1690530

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: 386**21-0888 DEVELOPMENT LLC
PROPERTY ADDRESS: NW TURKEY CREEK RUN Fort White, FL 32038
LOT: 4 BLOCK: _____ SUBDIVISION: TURKEY CREEK
PROPERTY ID #: 02279-104

[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 [900] 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 [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Nail in at road
I ELEVATION OF PROPOSED SYSTEM SITE [0.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [0.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [18.00] INCHES EXCAVATION REQUIRED: [46.00] INCHES

O
T
H
E
R
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

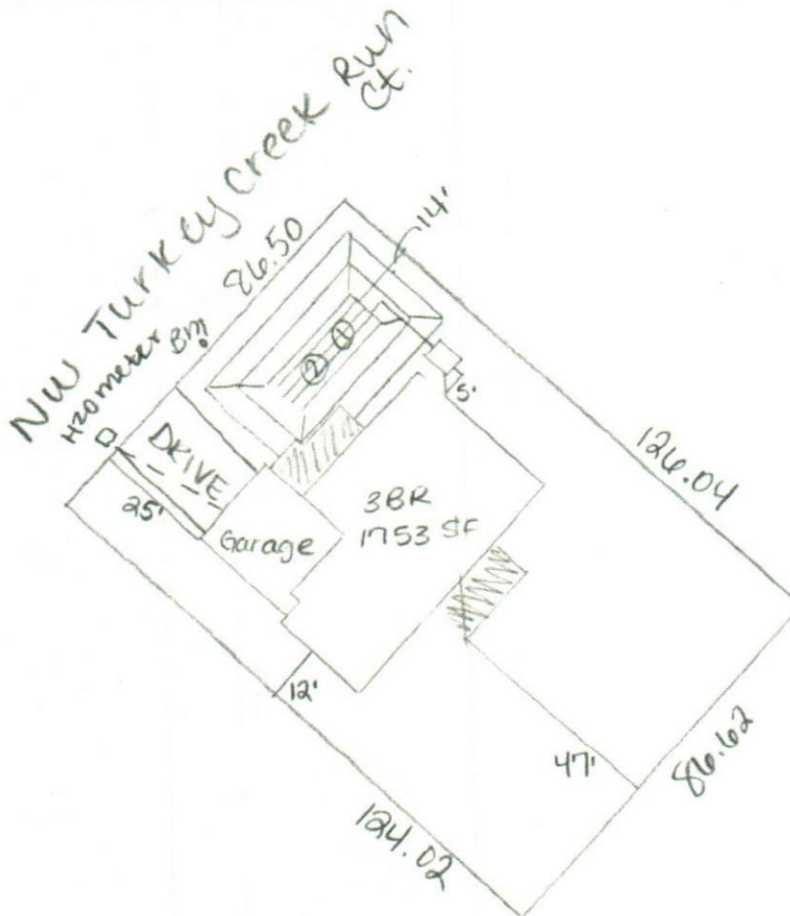
SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 11/18/2021 EXPIRATION DATE: 05/18/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

Permit Application Number 21-0889

386 Development LLC PART

PART II - SITEPLAN

↑ N



Notes: _____

Site Plan submitted by: William O. Bishop II MASTER CONTRACTOR
Plan Approved X Not Approved _____ Date 10-20-21
By [Signature] Columbiana County Health Department
11/8/21

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT