

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-5779

----- PART II - SITEPLAN -----

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

By

Notes: _____

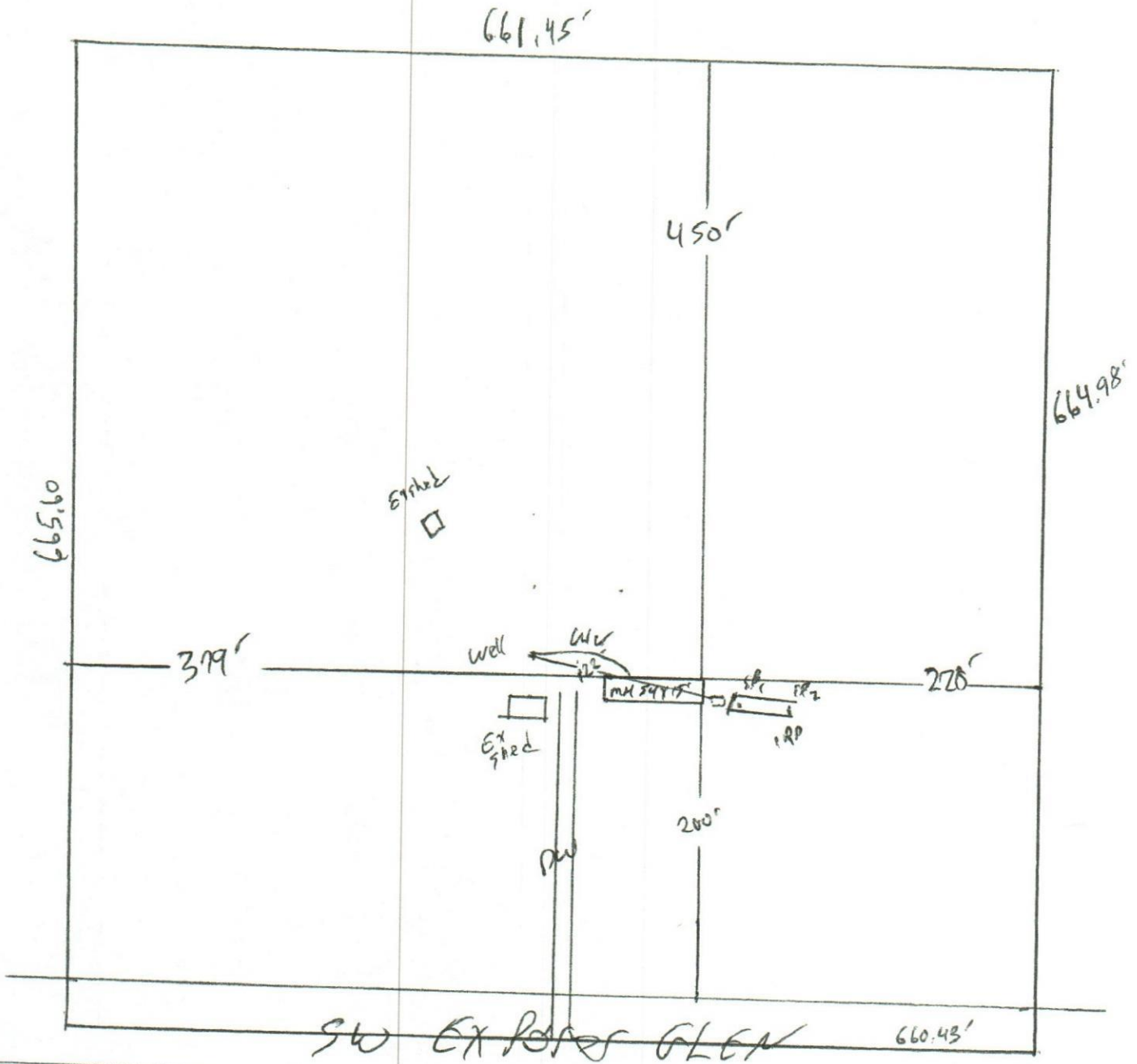
✓ Site Plan submitted by: *[Signature]* Agent: ☒ Owner: _____ Date: _____
Plan Approved ☒ Not Approved _____ Date 9/15/22
By *[Signature]* COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1" = 100'
J.H. Harte



22-0779





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

PERMIT #: 12-SC-2567497
APPLICATION #: AP1880440
DATE PAID: 9/13/22
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR1828086

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CATHRYN**22-0779 BYCE
PROPERTY ADDRESS: 565 SW EXPLORER Fort White, FL 32038
LOT: 7 BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 03816-107 [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 _____ Septic Tank _____ 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: Nail in tree

I ELEVATION OF PROPOSED SYSTEM SITE [18.00] [INCHES] FT [] ABOVE / [BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES] FT [] ABOVE / [BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O 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.

T
H
E
R

SPECIFICATIONS BY: JCA Harder TITLE: JSE

APPROVED BY: Justin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 09/15/2022 EXPIRATION DATE: 03/15/2024

DH 4026, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC



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

FW

PERMIT NO. 22-0779
DATE PAID: 9/13/22
FEE PAID: 310.00
RECEIPT #: 880440

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Cathryn Byce

EMAIL:

AGENT: Jeff Harder

TELEPHONE: 352-949-0592

MAILING ADDRESS: 6450 NW 72 Ln Chiefland FL 32626
Email: jeffharder@aol.com

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: 7 BLOCK: - SUBDIVISION: - PLATTED: -

PROPERTY ID #: 12-65-16-23816-107 ZONING: - I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.1 ACRES WATER SUPPLY: [Y] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 117 FT

PROPERTY ADDRESS: 565 SW Explorer Glen Fort White

DIRECTIONS TO PROPERTY: 47 S, L on Herlang, R on Swold wine
L on SW Explorer Glen to lot on left

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	mobile Home	3	1140	
2				
3				
4				

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

SIGNATURE: John Harder DATE: 9/9/22

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC