

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0634

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

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

Shelton

*See
Attached*

Notes: _____

Site Plan submitted by: _____

Plan Approved ☒ Not Approved _____ Date 9-13-23

By Sally Ford Ex Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



FW

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

PERMIT NO. 23-0634
DATE PAID: 9/11/23
FEE PAID: 310.00
RECEIPT #: 1998535

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[x] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Edgar Burde Stewart Shelton

EMAIL: jeffhardeehep@aol.com

AGENT: Jeff Hardee

TELEPHONE: 3562-949-0592

MAILING ADDRESS: 6450 NW 72 Lane Chiefland, FL 32626

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: na BLOCK: na SUBDIVISION: na PLATTED: _____

PROPERTY ID #: 36-6-16-04099-000 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: SW Legree Fort White

DIRECTIONS TO PROPERTY: SR 47 South to TL onto HWY 27 then TL SW Fellowship St then TR SW Legree ter to lot on left

BUILDING INFORMATION

[x] 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	1568	
2				
3				
4				

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

SIGNATURE: Jeff Hardee

DATE: 9-6-23

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

Incorporated 62-6.004, FAC



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

PERMIT #: **12-SC-2783019**
APPLICATION #: **AP1998535**
DATE PAID: **9.11.23**
FEE PAID: **310.00**
RECEIPT #:
DOCUMENT #: **PR1998449**

CONSTRUCTION PERMIT FOR: **OSTDS New**
APPLICANT: **STEWART**23-0634 SHELTON**
PROPERTY ADDRESS: **SW LEGREE Fort White, FL 32038**
LOT: BLOCK: SUBDIVISION:
PROPERTY ID #: **04099-000** [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 []

F LOCATION OF BENCHMARK: **Nail in tree S of system site**

I ELEVATION OF PROPOSED SYSTEM SITE [30.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [44.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [4.00] INCHES EXCAVATION REQUIRED: [] 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: **Jeffrey W Hardee** TITLE: **CENP**

APPROVED BY: **Sallie A Ford** TITLE: **Environmental Health Director** **Columbia** CHD

DATE ISSUED: **09/13/2023** EXPIRATION DATE: **03/13/2025**

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