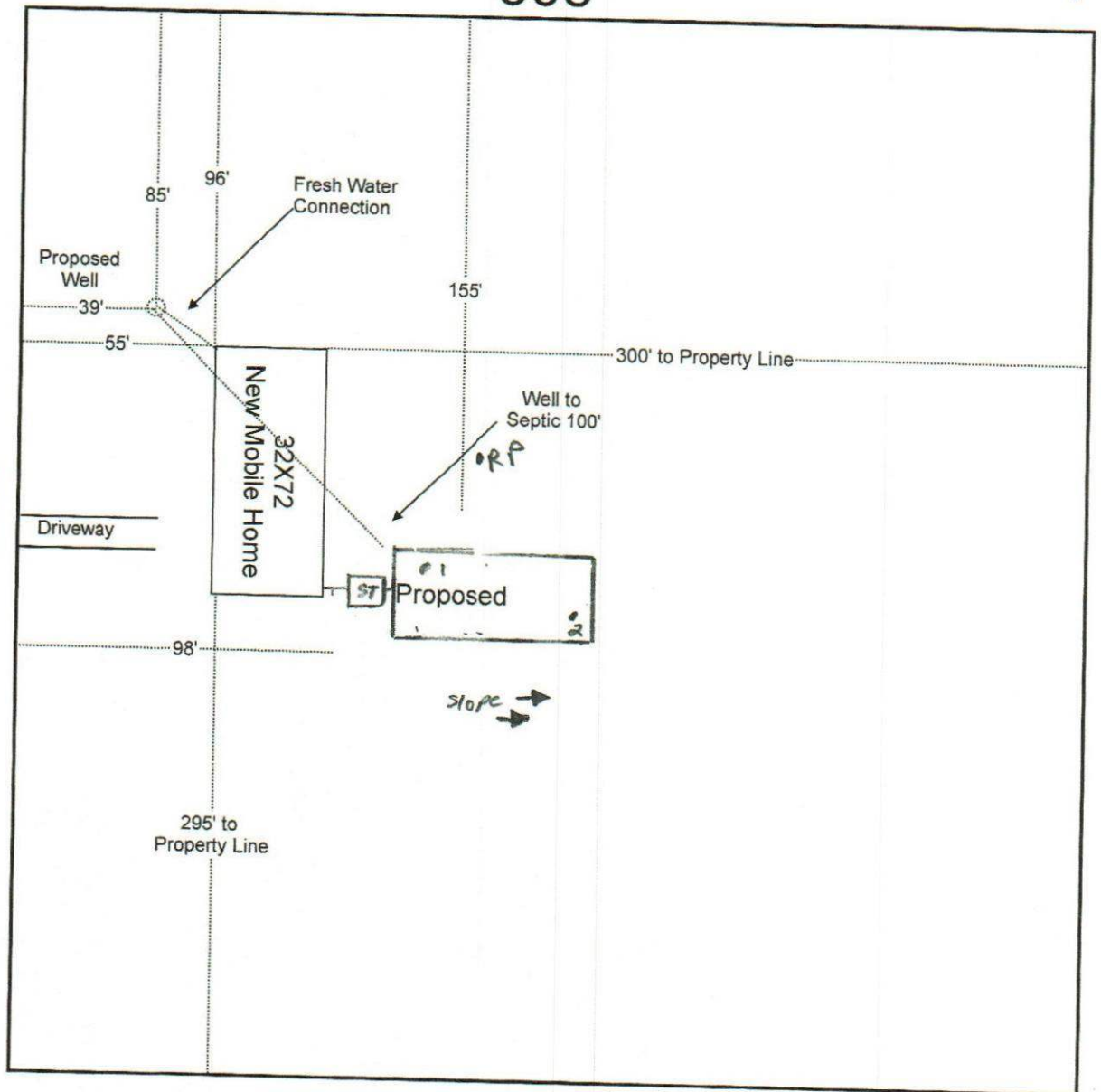


308'

21-0439

308'



[Signature] 07-20-21



Quatella Hamm
Parcel 27-6S-17-09784-129

Scale 1" = 50'

Kameron Dean
19-2064
7-20-21

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

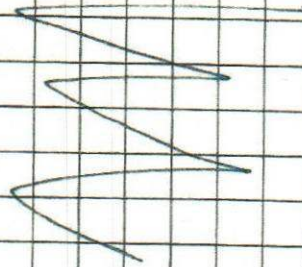
Permit Application Number 21-0439

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

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

Hamm

See
Attached



Notes: _____

Site Plan submitted by: Hamm Agent: ☒ Owner: _____ Date: _____
Plan Approved ☒ Not Approved _____ Date 7/27/21
By [Signature] ES2 COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT NO.
DATE PAID
FEE PAID
RECEIPT #

21-0439
7/23/21
310.00
1499458

APPLICATION FOR:

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

Innovative

APPLICANT: Quattela Hamm

AGENT: Jason Brent Warrington

TELEPHONE: 386-413-0424

MAILING ADDRESS: 12426 NW US HWY 441 Alachua

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: 29 BLOCK: _____ SUBDIVISION: Shadow Wood Unit II PLATTED: _____

PROPERTY ID #: 27-69-17-09784-129 (36070) ZONING: _____ I/M OR EQUIVALENT: Y (0)

PROPERTY SIZE: 5.12 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC: ☐ <=2500GPD >2500GPD

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

PROPERTY ADDRESS: "7BD" SE Shadow Wood Dr. Lake City, FL. 32024

DIRECTIONS TO PROPERTY: _____

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	<u>SFR</u>	<u>4</u>	<u>2,136</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 7-20-21

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC



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

PERMIT #: **12-SC-2334589**
APPLICATION #: **AP1699658**
DATE PAID: 7/23/21
FEE PAID: 710.00
RECEIPT #: _____
DOCUMENT #: **PR1598862**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: QUATTELA**21-0639 HAMM
PROPERTY ADDRESS: SE SHADOW WOOD Lake City, FL 32024
LOT: 29 BLOCK: _____ SUBDIVISION: Shadow Wood U-2
PROPERTY ID #: 09784-129 [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 [1,050] 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 [500] 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 oak near proposed system

I ELEVATION OF PROPOSED SYSTEM SITE [9.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [33.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

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

The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

System to be installed 24" below natural grade. (per private evaluator)

SPECIFICATIONS BY: Kameron Keen TITLE: CEHP

APPROVED BY: Sean P Havens TITLE: Enviromental Specialist I Columbia CHD

DATE ISSUED: 07/27/2021 EXPIRATION DATE: 01/27/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC