



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

PERMIT NO: 21-1062
DATE PAID: 12/22/21
FEE PAID: \$10.00
RECEIPT #: 1773130

APPLICATION FOR:

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

APPLICANT: Freedom Mobile Home Sales, INC (Ramsey)

AGENT: ROBERT FORD III, NORTH FLORIDA SEPTIC TANK INC;

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Rd 100, Lake City, FL 32025

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: 19 BLOCK: - SUBDIVISION: Brandon Estates PLATTED: -

PROPERTY ID #: 223S-16-02244-119 ZONING: - I/M OR EQUIVALENT: [Y/N]

PROPERTY SIZE: 0.50 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 233 NW Whitney Gln, Lake City, FL

DIRECTIONS TO PROPERTY: go W to turner Rd, TR on Whitney Gln, TR on lot on left

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	in/home	5	2136	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) -

SIGNATURE: Robert W Ford (RW) DATE: 12-22-2021



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PERMIT #: 12-SC-2432872
APPLICATION #: AP1773130
DATE PAID: 1/3/22
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1718605

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: FREEDOM**21-1062 MOBILE HOMES SALES
PROPERTY ADDRESS: 233 NW WHITNEY Lake City, FL 32055
LOT: 19 BLOCK: _____ SUBDIVISION: BRANDEN ESTATES
PROPERTY ID #: 02244-119 [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 [560] GALLONS / GPD _____ Aerobic Unit _____ CAPACITY
A [] GALLONS / GPD _____ CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [432] SQUARE FEET _____ Drainfield _____ SYSTEM
R [] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: 10" cherry tree next lot
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

The system is sized for 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of 460 gpd.

SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SM0081587
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 01/07/2022 EXPIRATION DATE: 07/07/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-10102

See Att

Yes: _____

to Plan submitted by: Robert W. Judd III Date 12-22-2021

an Approved 

Not Approved _____

Date 1/7/22

 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT