



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

PERMIT NO. 22-0399
DATE PAID: 5/4/22
FEE PAID: 310.00
RECEIPT #: 1832672

APPLICATION FOR:

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

APPLICANT: JOYCE HUNTER

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FLA 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: 22 BLOCK: SUBDIVISION: OAK FOREST PLATTED:

PROPERTY ID #: 34-4S-16-03274-022 ZONING: I/M OR EQUIVALENT: ☐ No ☒

PROPERTY SIZE: 1.52 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☒ YES DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 190 SE REGINALD PL, LAKE CITY FLA

DIRECTIONS TO PROPERTY: TR on Lake Desoto Circle, TR on NW Vickers Ter, then immediately (L) on 90, TR on James Ave, TR on Baya, TL on Margaret, TR on Emma Pl

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	MH	3	1680	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert Ford III

DATE: 5-1-2022

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

1"=40'

Permit Application Number

22-0399

Hunter

See Att

cc:

Plan submitted by Robert W. Ford, III. Date 5-1-2022

Approved ☒

Not Approved ☐

Date 5/1/22



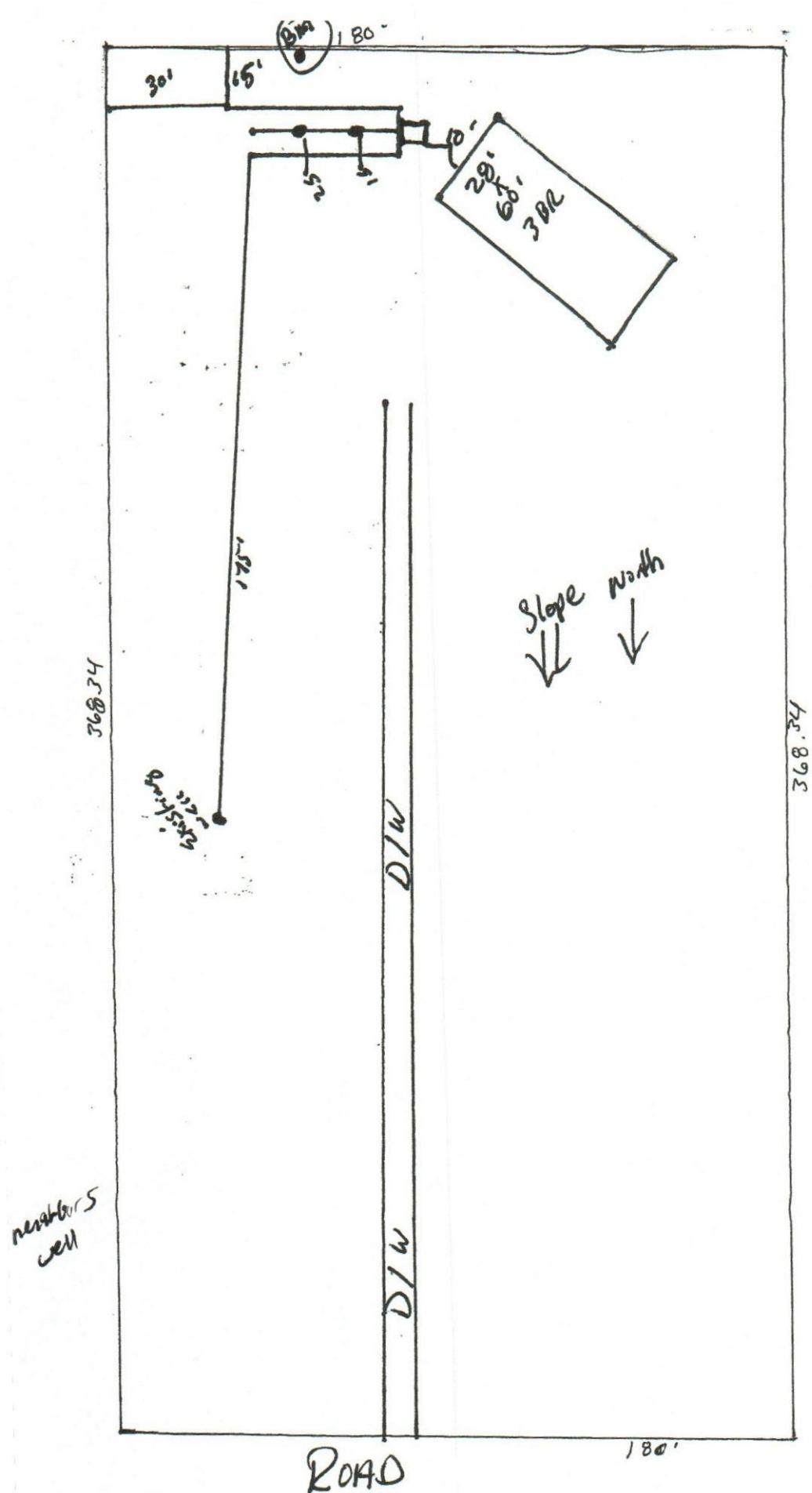
ESL Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Hunter Site Plan

22-0399



Robert Ford TTT

5-1-2022

 $1'' = 40'$



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

PERMIT #: **12-SC-2505164**
APPLICATION #: **AP1832672**
DATE PAID: **5/4/22**
FEE PAID: **\$16.00**
RECEIPT #: _____
DOCUMENT #: **PR1764960**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JOYCE**22-0399 HUNTER
PROPERTY ADDRESS: 190 SE REGINALD Lake City, FL 32055
LOT: _____ BLOCK: _____ SUBDIVISION: Oak Forest
PROPERTY ID #: 03274-022 [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: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: 4" post south of site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] 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: Robert Ford TITLE: Master Contractor
APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 05/11/2022 EXPIRATION DATE: 11/11/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC