

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Kyle Hardy

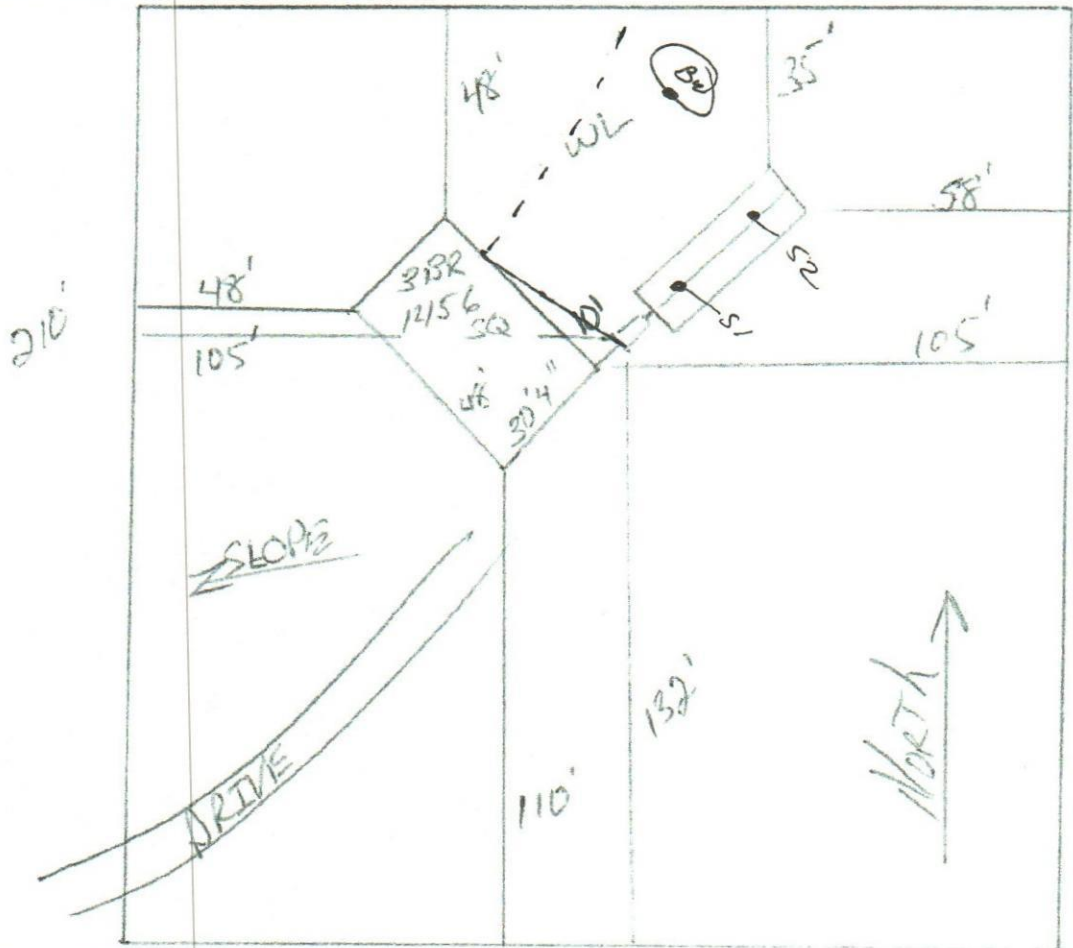
Permit Application Number

22-0743

PART II - SITEPLAN

Daniel Hardy

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



Notes:

1 of 10.17 Acres

Robert Ford 999 8/30/22 Site Attached

Site Plan submitted by:

Contractor

Plan Approved

Not Approved

Date 9/8/22

By

[Signature]

ESS

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004, F.A.C.

Page 2 of 4



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

PERMIT #: **12-SC-2563797**  
APPLICATION #: **AP1878074**  
DATE PAID: **8/31/22**  
FEE PAID: **\$10.00**  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: **PR1826811**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: DANIEL\*\*22-0743 HARDY  
PROPERTY ADDRESS: 269 NW CRAWFORD White Springs, FL 32096  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 01603-103 [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 [ 225 ] GALLONS DOSING TANK CAPACITY [ 50.00 ] GALLONS @ [ 6 ] DOSES PER 24 HRS #Pumps [ 1 ]

D [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: 4" post north of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 5.00 ] [ INCHES ] FT [ ] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 37.00 ] 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 Performing Lift Dosing.

E Pumps must be certified as suitable for distributing sewage effluent.

R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 09/08/2022 EXPIRATION DATE: 03/08/2024

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 ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0743

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

*See attachment*

Notes: \_\_\_\_\_

Site Plan submitted by: Robert Ford 999 Date: 8/30/22

Plan Approved ☒ Not Approved ☐

MASTER CONTRACTOR

Date 9/8/22

By [Signature] or Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO. 22-0743  
DATE PAID: 8/31/22  
FEE PAID: 310.00  
RECEIPT #: 1878074

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Daniel Hardy EMAIL: nflsepticTank@comcast.com

AGENT: Robert Ford III - North Florida Septic Tanks, INC. TELEPHONE: 386-755-6372

MAILING ADDRESS: 141 SE State Road 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

OSTDS REMEDIATION PLAN? [ Y / N ]

LOT:        BLOCK:        SUBDIVISION:        PLATTED:       

PROPERTY ID #: 13-25-16-01603103 ZONING:        I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 10.7 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 2609 NW Crawford Ct, White Spring

DIRECTIONS TO PROPERTY: TL on Madison St, TR on 4th TR on  
Falling Creek Rd, TL on Lassie Black, TR on Crawford Ct  
to 2609

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	<u>mh</u>	<u>3</u>	<u>1458</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)       

SIGNATURE: Robert Ford III DATE: 8/30/22

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