

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



PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:

APPLICATION FOR: New System [] Existing System [] Holding Tank [] Innovative Repair [] Abandonment [] Temporary []
APPLICANT: DACYL Barbara Morse
AGENT: AMIRA BUILDES TELEPHONE: 352-215-70
MAILING ADDRESS: PO BOX 639 ALACAUA, FC 32616
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: Three RIVERS ESTATES PLATTED:
PROPERTY ID #: 00-00-00-00004-019 ZONING: Res I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 2.025 ACRES WATER SUPPLY: [PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/ND] DISTANCE TO SEWER: WA FT
PROPERTY ADDRESS: 125 SW HAWAII TERRACE
DIRECTIONS TO PROPERTY: WILSON SPINGS ROAD TO NEWDEK JO NORTH TO
Alberton Place 18T LEET IS Howe'll
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC
1 SFR 2 1576 Zonex
2
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 8-1-2022

STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number ------PART II - SITEPLAN ------Scale: Each block represents 10 feet and 1 inch = 40 feet. Hawaii Terrepre 210 Notes: Stepper Amil Site Plan submitted by: 819122 Plan Approved Not Approved Date 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

PERMIT #: 12-SC-2554439

APPLICATION #: AP1872183

DATE PAID: 812/22

FEE PAID: 475.00

RECEIPT #:____

DOCUMENT #: PR1811419

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: Daryl Morse	
PROPERTY ADDRESS: 125 SW hawaii Ter Fort White, FL 32038	
LOT: 19 BLOCK: SUBDIVISION: Three River Estates	
PROPERTY ID #: 00604019 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	CEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDAY 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
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 GALL K [] GALLONS DOSING TANK CAPACITY [] GALLONS @[] DOSES PER 24 HRS D [375] SQUARE FEET Drainfield SYSTEM R [] SQUARE FEET N/A SYSTEM	#Pumps []
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []	
N [] January 1]	
F LOCATION OF BENCHMARK: Nail w/ pink ribbon S of site	
I ELEVATION OF PROPOSED SYSTEM SITE [13.50] [INCHES / FT] [ABOVE / BELOW BENCHMARK/R	EFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [43.50] [INCHES FT] [ABOVE BELOW] BENCHMARK/R	EFERENCE POINT
L	
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimate 300 gpd.	d flow of
н	
E	
R	
SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist	I
APPROVED BY: TITLE: Environmental Specialist I	Columbia CHD
DATE ISSUED: 08/09/2022 EXPIRATION DATE:	02/09/2024
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)	Page 1 of 3

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