



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

PERMIT NO. 21-0032
DATE PAID: 1/14/21
FEE PAID: 310.00
RECEIPT #: 1413478

APPLICATION FOR:

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

APPLICANT: Phillip Ott

AGENT: Robert W Ford III NFST, INC

TELEPHONE: 386-455-6372

MAILING ADDRESS: 741 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

LOT: BLOCK: SUBDIVISION: -NA- PLATTED:

PROPERTY ID #: 19-AS-18-10387-108 ZONING: I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 453 Myrtis Dorch Ter Lake City

DIRECTIONS TO PROPERTY: TL on Manon, TL on US90, slight R on 100, TR on SECR 245, TL on Weeks Rd, TR on Myrtis Dorch Ter to 453

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>m home</u>	<u>3</u>	<u>1130</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Rodolfo Jche

DATE: 1-12-2021

STATE OF FLORIDA
DEPARTMENT OF HEALTH
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See attachment

Notes: _____

Site Plan submitted by: Robert W. Ford III Date 1-12-2021

Plan Approved 

Not Approved _____

Date 1/21/21

By   County Health Department

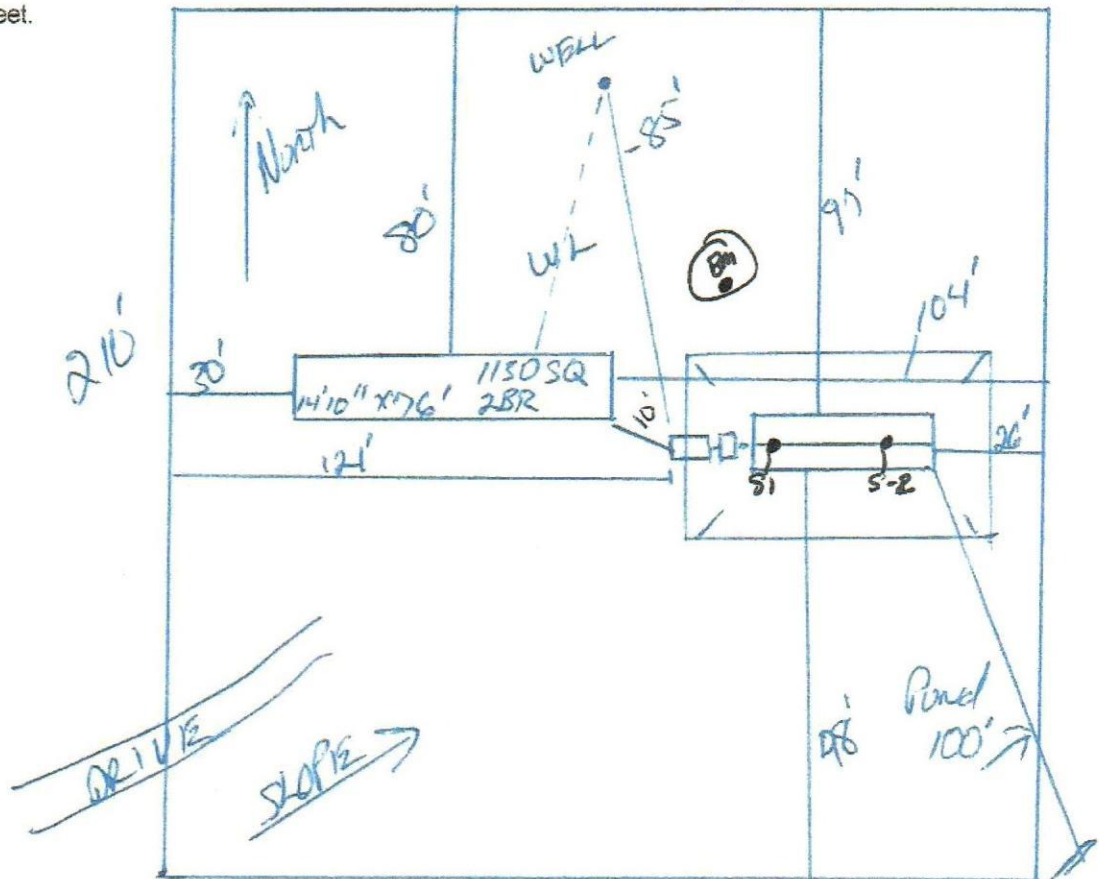
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Scale: 1 inch = 40 feet.



Notes: _____

1 of 10-01 Acres

SEE ATTACHED

Site Plan submitted by: _____

Plan Approved X Not Approved _____

By _____ Date 1/21/21

CONTRACTOR

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1-12-2021



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

Emailed
NEJ

PERMIT #: **12-SC-2221801**
APPLICATION #: **AP1613470**
DATE PAID: 1/15/21
FEE PAID: 31000
RECEIPT #:
DOCUMENT #: **PR1499821**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: PHILLIP**21-0032 OTT
PROPERTY ADDRESS: 453 MYRTIS Lake City, FL 32025
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 10387-108 [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 Septic Tank 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 []

N
F LOCATION OF BENCHMARK: Nail in tree N. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] / FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [4.00] [INCHES] / FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [38.00] INCHES EXCAVATION REQUIRED: [0.00] 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. Performing Lift Dosing.
T Pumps must be certified as suitable for distributing sewage effluent.
H **Remove all Organic surface material from DF site prior to construction of the mound (Include L&W of shoulder/slopes).
E
R

SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SM0081587

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 01/21/2021 EXPIRATION DATE: 07/21/2022

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.