



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

PERMIT NO. 14-01971  
DATE PAID: 4/18/14  
FEE PAID: 105.00  
RECEIPT #: 1742458

## CONSTRUCTION PERMIT FOR:

[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary [X] MODIFICATION

APPLICANT: Donna Price

PROPERTY ADDRESS: 3643 SW Pinemount Road, Lake City, FL, 32024

LOT: na BLOCK: na SURDIVISION: na  
[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]  
PROPERTY ID #: 7-4S-16-02806-034 [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 [90] GALLONS / GPD SEPTIC TANK/AEROBIC UNIT CAPACITY MULTI-CHAMBERED/IN-SERIES [ ]  
A [ ] GALLONS / GPD CAPACITY MULTI-CHAMBERED/IN-SERIES [ ]  
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 PRIMARY DRAINFIELD SYSTEM  
R [ ] SQUARE FEET SYSTEM

A TYPE SYSTEM: [ ] STANDARD [X] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Nail in Oak Tree West of Site  
I ELEVATION OF PROPOSED SYSTEM SITE [12] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [24] [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

L D FILL REQUIRED: [6] INCHES EXCAVATION REQUIRED: [14] INCHES

O SEPTIC TANK TO BE replaced to accomodate building addition  
T AND 36 SQ FT OF OF to existing 339 to achieve 335 SQ FT  
E  
R

SPECIFICATIONS BY: *Rocky D. Ford* TITLE: MASTER CONTRACTOR

APPROVED BY: *Silvie Ford* TITLE: Env Health Director COLUMBIA CHD

DATE ISSUED: 4-15-14 EXPIRATION DATE: 10-15-15

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64e-6.003, FAC



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

PERMIT NO. 14-0197M  
DATE PAID: 4/18/14  
FEE PAID: \$103.00  
RECEIPT #: 140458

## APPLICATION FOR:

[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative  
[ ] Repair [ ] Abandonment [ ] Temporary  MODIFICATION

APPLICANT: Donna Price

AGENT: ROCKY FORD, A &amp; B CONSTRUCTION TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch Street, FT. WHITE, FL, 32038

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: na BLOCK: na SUB: na PLATTED: \_\_\_\_\_

PROPERTY ID #: 7-4S-16-02806-034 ZONING: RES. I/M OR EQUIVALENT: [ Y ] [ N ]

PROPERTY SIZE: .5 ACRES WATER SUPPLY: [ X ] PRIVATE PUBLIC [ ] &lt;=2000GPD [ ] &gt;2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y ] [ N ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 3643 SW Pinemount Road, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: 90 west, TL on Pinemount Road, to address on left (if you get to Dekle you've gone to far.)

## BUILDING INFORMATION

[ X ] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
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1	SF Residential	3	1836	1404 ORIGINAL
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2				432 ADDITION
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3				
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ORIGINAL ATTACHED

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

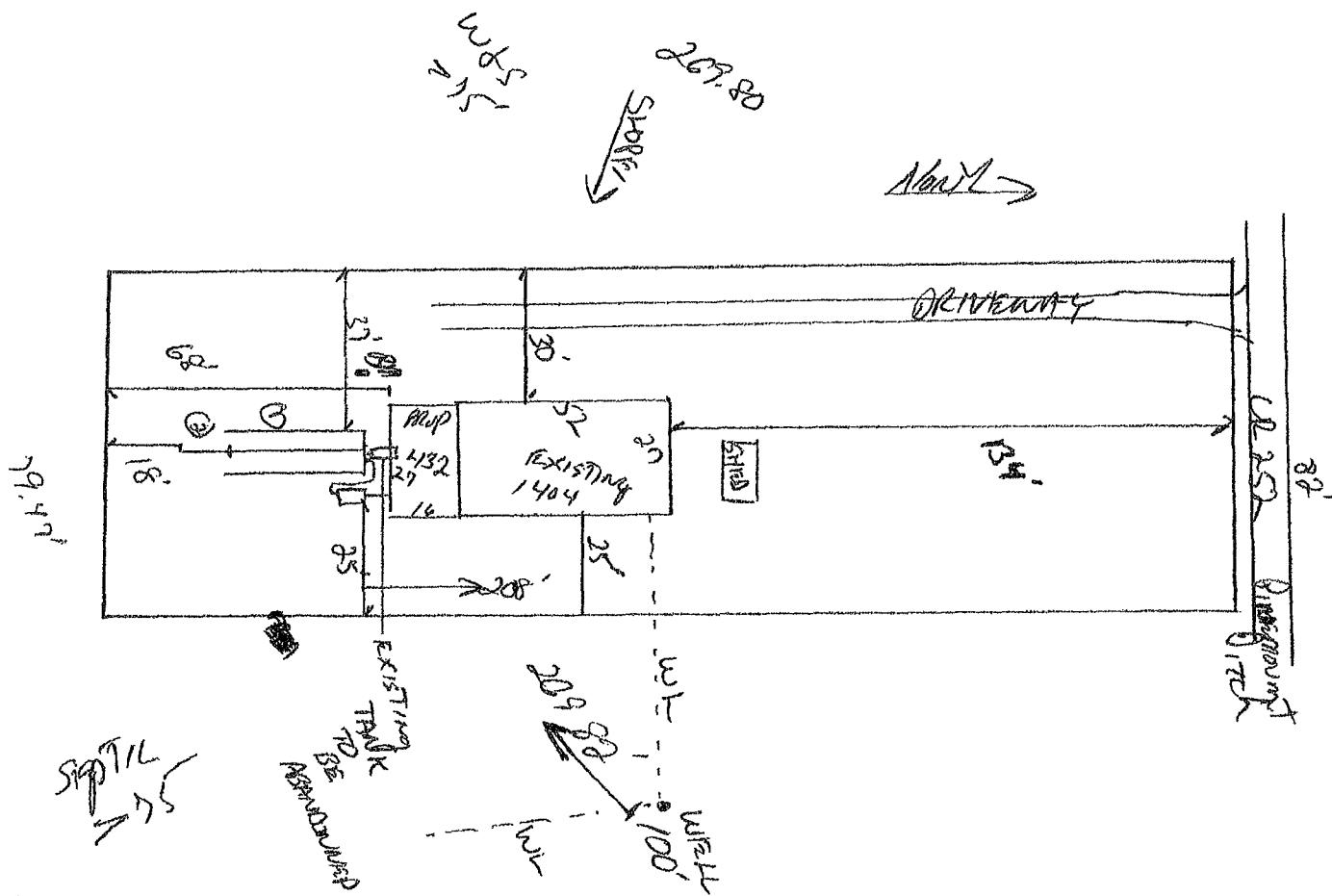
SIGNATURE:  DATE: 4/7/2014

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

Permit Application Number 14-01971Permit

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

Scale: 1 inch = 40 feet.



Notes \_\_\_\_\_

Site Plan submitted by

MASTER CONTRACTORPlan Approved Date 4.15.14By Salli Ford Env Health Director Columbia Not Approved \_\_\_\_\_

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT