

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

PERMIT NO.	20-26/25
DATE PAID:	8/1420
FEE PAID:	30.00
RECEIPT #:	1552045

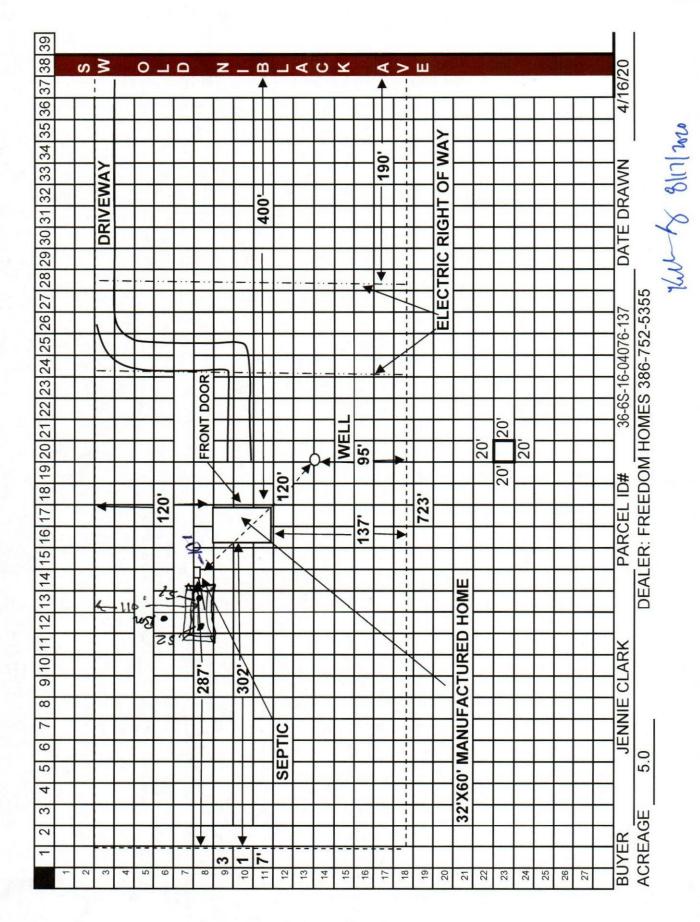
APPLICATION FOR: [X ] New System [ ] Fristing System
[X] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: JENNIE CLANK (Freedom)
AGENT: North Florida Septic Tank Inc; TELEPHONE: 386-755-6372
MAILING ADDRESS: 741 SE State Road 100 Lake City, 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: 37 BLOCK: — SUBDIVISION: PAYKEY WOODS PLATTED:
PROPERTY ID #: $36-65-10-04070-137$ zoning: i/m or equivalent: [ Y/N]
PROPERTY SIZE: 5 ACRES WATER SUPPLY: [ / ] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] DISTANCE TO SEWER: N.A FT
PROPERTY ADDRESS: TBD SIN OID NIBIACK AVE FW. F13203
DIRECTIONS TO PROPERTY: AA S TO CR 18 (TR) to Old NIDIACK AVE
(TI) to Site on (R) & drive May past 190 to Right
BUILDING INFORMATION [ RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional States Day
No Establishment Bedrooms Area Sqft Table 1, Chapter 64E-6, FAC  1 100
2
3
4
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: Q.C Fold RONNID FORD DATE: 8-14-2020

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

		Permit Application Number_	20-066
		Permit Application Number_	
Socio: Each block			
Scale: Each block represents	10 feet and 1 inch = 40 feet.		
		1/1/1	
		N	
		N	
	HUND	(M)	<del>-   -   -   -   -   -   -   -   -   -  </del>
	THAN		
			++++
		+++++	
	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	+++++	
	<del></del>		
++++++			
+++++			
++++++			
<del>                                      </del>			
++++			
es:	<u> </u>		<del></del>
Plan submitted by D. A	d > 0 m		
Plan submitted by: Rales			
The state of the s	Not Approved	_ Date	6/17/2020
KU Z		Calumnia County	Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

20 0665





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

PERMIT #: 12-SC-2138321

APPLICATION #: AP1552045

DATE PAID: 8/14/200

FEE PAID: 3/000

RECEIPT #: 12- PID- 4565676

DOCUMENT #: PR1393191

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: JENNIE**20-0665 CLARK	
PROPERTY ADDRESS: SE OLD NIBLACK Fort White, FL 32038	
LOT: 37 BLOCK: SUBDIVISION: Parker Woods	
PROPERTY ID #: 04076-137 [SECTION, TOWNSHIP, RANGE, PARCEL N	UMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES N SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MAT WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NUL ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OT STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	ERIAL FACTS, MODIFY THE L AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [ 900 ] GALLONS / GPD New 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	
TO THE POST OF THE CAPACITY ( ) GALLONS E( ) DOSES PER 24 HRS	*Pumps [ ]
D [ 462 ] SQUARE FEET	
I CONFIGURATION: [x] TRENCH [ ] BED [ ]	
N F LOCATION OF BENCHMARK: Nail in oak tree N of site	
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES   FT ] [ ABOVE   BELOW ] BENCHMARK/REFERI	ENCE POINT
E BOTTOM OF DRAINFIELD TO BE [ 31.00 ] [INCHES FT ] [ ABOVE BELOW] BENCHMARK/REFERI	
D FILL REQUIRED: [11.00] INCHES EXCAVATION REQUIRED: [ ] INCHES	
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow 300 gpd.	/ of
H	
R	
SPECIFICATIONS BY: Ronald Ford TITLE: May to Cost of the	
1/11 / .	lumbia CHD
DATE ISSUED: 08/17/2020 EXPIRATION DATE:	02/17/2022
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	age 1 of 3