



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

PERMIT NO. 21-8886
DATE PAID: 10/25/21
FEE PAID: 310.00
RECEIPT #: 154340

APPLICATION FOR:

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

APPLICANT: KATRINA TANNACHION & LARRY STARLING (FAMILY HOMES)

AGENT: ROBERT FORD III- 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: 4 BLOCK: SUBDIVISION: SUNVIEW ESTATES ADDITION PLATTED:

PROPERTY ID #: 33-5S-16-03745-304 ZONING: I/M OR EQUIVALENT: ☒ [No ☐]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ [No ☐] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: TBD SW WINGATE ST, LAKE CITY FLA 32024

DIRECTIONS TO PROPERTY:

TL on NW Main Blvd, Slight Right
on HTS, TR on SW Wingate St.

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	MH	5	2136	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert Ford III

DATE: 10/22/21



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

PERMIT #: 12-SC-2413198
APPLICATION #: AP1759340
DATE PAID: 10/25/21
FEE PAID: 310.00
RECEIPT #: _____
DOCUMENT #: PR1676095

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: KATRINA**21-0886 TANNACHION
PROPERTY ADDRESS: SW WINGATE Lake City, FL 32024
LOT: 4 BLOCK: _____ SUBDIVISION: Sunview Estates Addition
PROPERTY ID #: 03745-304 [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 [1,200] GALLONS / GPD Septic Tank 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 #Pumps []
D [575] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: oak tree N. of site.
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O The system is sized for 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of
T 460 gpd.
H
E
R

SPECIFICATIONS BY: WILLIAM D BISHOP TITLE: SA0890009; SM0081587
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 10/26/2021 EXPIRATION DATE: 04/26/2023
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 CONSTRUCTION PERMIT

Permit Application Number

21-0886

See attach-
ment

06:

Plan submitted by: Robert W. Ford III

III

Date

10/21/21

Approved X

Not Approved

Date

10/26/21

Leahmore County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

Permit Application Number 21-0886

TANNACHION / STÄBLING

PART II - SITEPLAN

Notes: _____

1 of 5.01 Acres
See Attached

Site Plan submitted by: [Signature]

Plan Approved X

Not Approved

CONTRACTOR

Date 10/26/21

By [Signature] Cechin

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT