

Permit Application Number.

PART II - SITEPLAN

[illegible]

Notes: City Water

Site Plan submitted by:

Plan Approved

Not Approved

Date _____

2/6/23

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015 / 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-8.004, F.A.C.

SSO 0313 03427



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 23-0087
DATE PAID: 1/31/23
FEE PAID: 425.00
RECEIPT #: 1934236

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Craig/Lisa Terry EMAIL: c.terrydwc@gmail.com

AGENT: Jeff Baker TELEPHONE: 352-339-6387

MAILING ADDRESS: PO Box 1929 High Springs, FL 32655

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(2)(b) 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

OSTDS REMEDIATION PLAN (Y/N)

LOT: 18 BLOCK: _____ SUBDIVISION: Thornwood PLATTED: Yes

PROPERTY ID #: 34-65-16-04056-118 ZONING: SFD I/M OR EQUIVALENT: (Y/N)

PROPERTY SIZE: 1.2 ACRES WATER SUPPLY: ☐ PRIVATE ☒ PUBLIC ($<2000\text{GPD}$: $>2000\text{GPD}$)

IS SEWER AVAILABLE AS PER 381.0065, PS? (Y/N) DISTANCE TO SEWER _____ FT

PROPERTY ADDRESS: 275 SW Thistlewood/N Ft. White, FL 32038

DIRECTIONS TO PROPERTY: 1-75 South, Exit Hwy 441 towards High Springs.
Right at CR-18. Right turn into Thornwood Subdivision.
Home on right

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table I, Chapter 62-6, FAC

1	<u>SFD</u>	<u>3</u>	<u>276</u>	<u>1843'</u>	<u>APB 2/21/23</u>
2					
3					
4					

☐ Floor/Equipment Drains ☐ Other (Specify): _____

SIGNATURE: Jeff P. Baker DATE: 2/1/23



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

PERMIT #: 12-SC-2634803
APPLICATION #: AP1934236
DATE PAID: 1.31.23
FEE PAID: 425.00
RECEIPT #: _____
DOCUMENT #: PR1890695

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CRAIG**23-0087 TERRY
PROPERTY ADDRESS: 275 SW THISTLEWOOD Fort White, FL 32038
LOT: 18 BLOCK: _____ SUBDIVISION: Thornwood
PROPERTY ID #: 04056-118 [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 [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [375] SQUARE FEET _____ drainfield SYSTEM
R [] SQUARE FEET _____ N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in oak w/ green tape.

I ELEVATION OF PROPOSED SYSTEM SITE [40.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [70.00] [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 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 400 gpd.
T
H
E
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD

DATE ISSUED: 02/07/2023 EXPIRATION DATE: 08/07/2024

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