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APR 28 2021



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

Columbia County Health Department

PERMIT NO 21-4409
DATE PAID: 5/4/21
FEE PAID: 425.00
RECEIPT #: 1661882

APPLICATION FOR:

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

APPLICANT: Austin & Ashley Odom

AGENT: Alex Locay - America's Home Place TELEPHONE: 352-244-8442

MAILING ADDRESS: 9200 NW 27th Ave Ste 190 Gainesville, FL 32606

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 STR 23-45-17

LOT: 10.15 BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 23-45-17-08714-006 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 10.15 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 437 SE Peacock Terrace, Lake City, FL 32055

DIRECTIONS TO PROPERTY: See Attached

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>SFR</u>	<u>3</u>	<u>1806</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 4-26-21



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

PERMIT #: 12-SC-2278581
APPLICATION #: AP1660882
DATE PAID: 5/4/21
FEE PAID: 425.00
RECEIPT #: _____
DOCUMENT #: PR1563063

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: AUSTIN**21-0409 ODUM

PROPERTY ADDRESS: 437 SE PEACOCK Lake City, FL 32055

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 08714-006 [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 [462] SQUARE FEET Drainfield (LR 0.65 SCL) 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 corner post.

I ELEVATION OF PROPOSED SYSTEM SITE [44.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [34.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L _____

D FILL REQUIRED: [28.00] 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
T 300 gpd.
H
E
R

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

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

DATE ISSUED: 05/07/2021 EXPIRATION DATE: 11/07/2022

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

Incorporated: 64E-6.003, FAC

Page 1 of 3

Handwritten signature

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.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 21-0409

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.

Sketch

*See
Attached
Site Plan*

Notes: _____

Site Plan submitted by: _____ Agent: ☒ Owner: _____ Date: _____
Plan Approved ☒ Not Approved _____ Date 5/7/21
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

21-8489

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.

See

*See
Attached
Site plan*



Notes: _____

☒ Site Plan submitted by: *[Signature]* Agent: ☒ Owner: _____ Date: _____
Plan Approved _____ Not Approved _____ Date _____
By _____ COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

21-0409





Columbia County Health Department
217 NE Franklin St Lake City, FL 32055

PAYING ON: # 12-SC-2278581 BILL DOC # 12-BID-5281614 CONSTRUCTION APPLICATION #: AP1660882
RECEIVED FROM: AMERICA'S HOME PLACE AMOUNT PAID: \$ 425.00
PAYMENT FORM: CHECK 041324 PAYMENT DATE: 05/04/2021

MAIL TO: AUSTIN**21-0409 ODUM

FACILITY NAME : _____

PROPERTY LOCATION:

437 SE PEACOCK
Lake City, FL 32055

Lot: _____ Block: _____

Property ID: 08714-006

EXPLANATION or DESCRIPTION:	QUANTITY	FEE
128 - OSTDS Construction System Inspection Research Fee	1	\$ 5.00
-1 - COUNTY FEE 1 (OSTDS)	1	\$ 25.00
-1 - OSTDS Construction Application and Plan Review, New	1	\$ 100.00
123 - OSTDS Construction Site Evaluation	1	\$ 115.00
126 - OSTDS Construction Permit (New or Mod, Amendment)	1	\$ 55.00
127 - OSTDS Construction System Inspection	1	\$ 75.00
133 - OSTDS Construction Reinspection	1	\$ 50.00

RECEIVED BY: MobleySJ

AUDIT CONTROL NO. 12-PID-4962623

Note: AMERICA'S/21-0409