STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20.030 7

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	Lax	e city.	ithridge FL 320	24			
te Plan submitte							
lan Approved							1/21/26
	-X		Columb	a CHI		Date	ith Departmen
9	1		OUIGITIO			_ County ries	mit nehatatiett
A	LL CHANGES	MUST BE APPR	ROVED BY THE	COUNTY	HEALTH D	EPARTMENT	
1 4015, 08/09 (Obsole	tes previous editions	which may not be use	d) Incorporated: 64E	6.001, FAC			Page 2 of 4

PLOT PLAN

IN SECTION 33, TOWNSHIP 3 SOUTH, RANGE 16 EAST COLUMBIA COUNTY, FLORIDA

THIS IS NOT A BOUNDARY SURVEY

20.0307

LEGAL DESCRIPTION

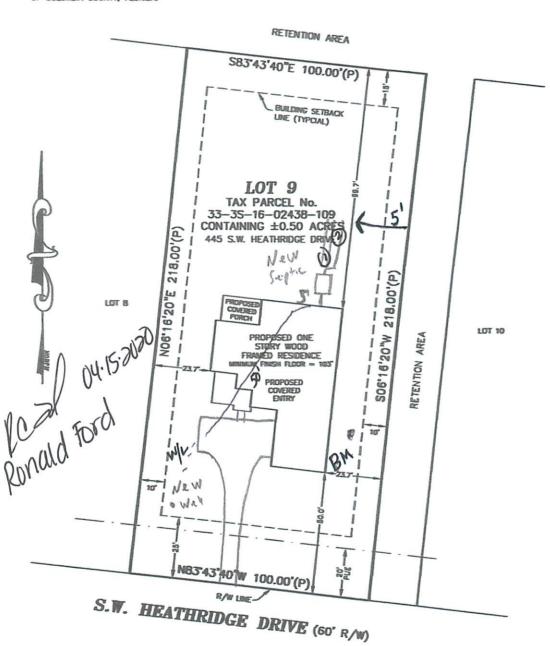
LOT 9, EMERALD COVE PHASE I,
ACCORDING TO THE PLAT THEREOF
RECORDED IN PLAT BOOK 8, PAGES
35 MID 36 OF THE PUBLIC RECORDS
OF COLUMBIA COUNTY, FLORIDA.

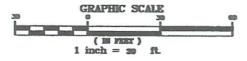
LEGEND

(P) = PER PLAT

R/W - RIGHT OF WAY

PUE - PUBLIC UNLITY EISEMBIT





SURVEYOR NOTES:

- 1. THE BEARINGS SHOWN HEREOM ARE BASED THE PLAT OF EMERALD COVE PHASE I.
- 2. RECORDED EASEMENT AND/OR DEEDS NOT FURNISHED TO THE SURVEYOR ARE NOT SHOWN.
- 3. THIS IS NOT A BOUNDARY SURVEY

SSOCOF #:		do	ne by Ford	's Septic on : _		2020
	STATE OF FLOR DEPARTMENT OF ONSITE SEWAGE SYSTEM APPLICATION F	HEALTH TREATMENT			DATE PAID: FEE PAID:	70.0307 4.20.20 310.00
APPLICATION F [X] New Sys [] Repair	FOR: [] Ex: [] Abo	isting Syste andonment	em [Holding Tan Temporary	k [] In:	novative
APPLICANT:	MF BUTLER HOM	IES - HOME	OWNER:	ROBERT M. JR	R AND MELV	YN GAVETTE
AGENT: Rona	ald Ford - Ford'	s Septic		Т	ELEPHONE:380	6-755-6288
	ss: 116 NW La					
BY A PERSON I APPLICANT'S R	TED BY APPLICANT OF COMMENT OF CO	TO 489.105 PROVIDE DO	(3) (m) OR 4 CUMENTATION	89.552, FLORID OF THE DATE T	A STATUTES. HE LOT WAS C	IT IS THE REATED OR
PROPERTY INFO			EMEDAL	D COVE BUAS	SE ONE	
LOT: 9	BLOCK: S	UBDIVISION:	EWERAL	D COVE - PHAS	PLAT	TED:
PROPERTY ID #	33-3S-16-0243	8-109	ZONING	: I/M	OR EQUIVALEN	T: [Y /(N
PROPERTY SIZE	E: 0.50 ACRES	WATER SUPPLY	Y: [X] PR:	VATE PUBLIC []<=2000GPD	[]>2000GPD
	LABLE AS PER 381					
	RESS: 445 SW HE			KE CITY, FLOR	RIDA 320:	94
Turn (1	ON SW T	touthr	idge I	Drive (a 10me #1	pprox 11: 445 or	
BUILDING INFO	ORMATION	[X] RESID	ENTIAL	[] COMMER	CIAL	
Unit Type of No Establi	f ishment		Building Area Sqft	Commercial/Ins Table 1, Chapt		
1 SFR -	SITE BUILT	4	1933	HEATED / C	OOLED SQ	UARE FEET
2			(2869	TOTAL SQUAI	RE FEET)	
3			-	·		
4						
	Equipment Drains	[] Othe	er (Specify	7)	DATE: 4	-15.20
SIGNATURE:	NC VII				- DALE	



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

PERMIT #: 12-SC-2056983

APPLICATION #: AP1479958

DATE PAID: 4/20 (20)

RECEIPT #:_

DOCUMENT #: PR1324518

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: Robert**20-0307 Gavette	
PROPERTY ADDRESS: 445 SW Heathridge Dr Lake City, FL 32024	
LOT: 9 BLOCK: SUBDIVISION: Emerald Cove Phase 1	
PROPERTY ID #: 33-3S-16-02438-109 [SECTION, TOWNSHIP, RANGE, PARCEL [OR TAX ID NUMBER]	NUMBER]
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 SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MAY 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 NUISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH O'S STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	NOT GUARANTEE TERIAL FACTS, O MODIFY THE LL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] 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	
D [616] 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: Nail in tree N, of site.	
E BOTTOM OF DRAINFIELD TO BE [24.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/REFER	
L D F <u>ILL REQUIRED: [0.00] INCHES</u> EXCAVATION REQUIRED: [0.00] INCHES	
The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flo 400 gpd.	w of
E C	
SPECIFICATIONS BY: Ronald Ford TITLE: M. Con Hadd	
	olumbia CHD
DATE ISSUED: 04/21/2020 EXPIRATION DATE:	10/21/2021
OH 4016 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3

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