



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

FW

PERMIT NO. 22-05262
DATE PAID: 6/13/22
FEE PAID: 310.00
RECEIPT #: 1851059

APPLICATION FOR:

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

APPLICANT: Gibraltar Contracting LLC - Steven Kline condo

AGENT: Ford's Septic Tank Service, LLC TELEPHONE: 386-755-6288

MAILING ADDRESS: 116 NW Lawley Way Lake City, FL 32055

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: River Rise PLATTED: _____

PROPERTY ID #: 16-7S-17-10006-204 ZONING: Res I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.10 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] (N) DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 339 SW Marynik Drive High Springs, FL 32643

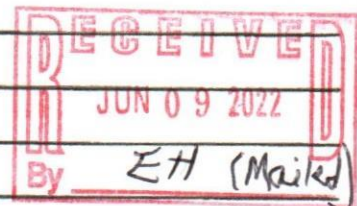
DIRECTIONS TO PROPERTY:

441 South. (R) on CLR 778. (L) on Marynik Drive.
4th lot on left.

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>New Single Family</u>	<u>4</u>	<u>2155/3400</u>	
2				
3				
4				



[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: QC Ford RONALD FORD DATE: 6-1-2022

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0526

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

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

See
Attached

Notes: _____

Site Plan submitted by: _____

Plan Approved ☒ _____

Not Approved _____

Date 6/20/22

By _____

ESL

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

PLOT PLAN

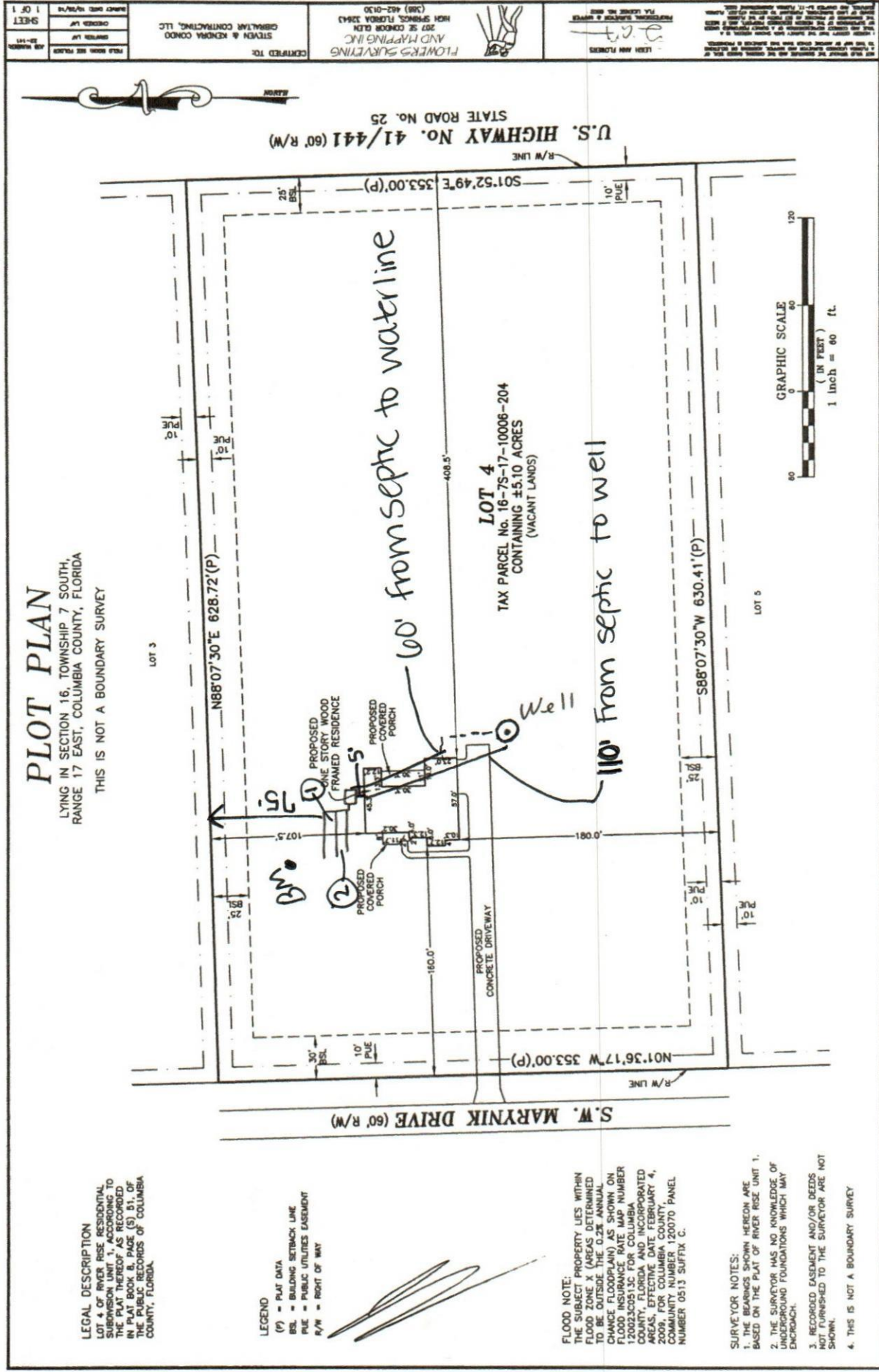
LYING IN SECTION 16, TOWNSHIP 7 SOUTH,
RANGE 17 EAST, COLUMBIA COUNTY, FLORIDA
THIS IS NOT A BOUNDARY SURVEY

LEGAL DESCRIPTION
LOT 4 OF RIVER RISE RESIDENTIAL
SUBDIVISION UNIT 1 AS RECORDED
IN PLAT BOOK 8, PAGE (S) 51, OF
THE PUBLIC RECORDS OF COLUMBIA
COUNTY, FLORIDA

LEGEND
(P) = PLAT DATA
BSL = BUILDING SETBACK LINE
PUE = PUBLIC UTILITIES EASEMENT
R/W = RIGHT OF WAY

FLOOD NOTE:
THE SUBJECT PROPERTY LIES WITHIN
FLOOD ZONE X (AREAS DETERMINED
TO BE OUTSIDE THE 0.2% ANNUAL
CHANCE FLOODING AREAS SHOWN ON
CHOICE FLOODING MAPS ON FILE IN
THE COUNTY ENGINEER'S OFFICE, MAP NUMBER
12002320513C FOR COLUMBIA
COUNTY, FLORIDA AND INCORPORATED
AREAS, EFFECTIVE DATE FEBRUARY 4,
2009, FOR COLUMBIA COUNTY,
COMMUNITY NUMBER 120070 PANEL
NUMBER 0513 SUFFIX C.

SURVEYOR NOTES:
1. THE BEARINGS SHOWN HEREON ARE
BASED ON THE PLAT OF RIVER RISE UNIT 1.
2. THE SURVEYOR HAS NO KNOWLEDGE OF
UNDERGROUND FOUNDATIONS WHICH MAY
ENCROACH.
3. RECORDED EASEMENT AND/OR DEEDS
NOT FURNISHED TO THE SURVEYOR ARE NOT
SHOWN.
4. THIS IS NOT A BOUNDARY SURVEY



Handwritten signature: Ronald Ford
Date: 06/03/20



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



E-MAILED

PERMIT #: 12-SC-2527630

APPLICATION #: AP1851059

DATE PAID: 6/13/22

FEE PAID: 3000

RECEIPT #:

DOCUMENT #: PR1792111

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: STEVEN**22-0526 CONDO

PROPERTY ADDRESS: 339 SW MARYNIK High Springs, FL 32643

LOT: 4 BLOCK: SUBDIVISION: River Rise Residential S/D

PROPERTY ID #: 10006-204

[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 [1,050] GALLONS / GPD New Multi-Chambered 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 #Pumps []

D [500] 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 pine tree north of septic system

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

SPECIFICATIONS BY: Ronald C Ford

TITLE:

APPROVED BY:

Sean P. Ravens

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 06/20/2022

EXPIRATION DATE: 12/20/2023

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

Incorporated: 64E-6.003, FAC

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