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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 23-0273
DATE PAID: 4/12/23
FEE PAID: 725.00
RECEIPT #: 1958892

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Shannon Langford EMAIL: Michelle Langford 78@yahoo.com

AGENT: _____ TELEPHONE: 386-288-4811

MAILING ADDRESS: 849 NW Cripple Creek St. 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

OSTDS REMEDIATION PLAN? ☒ Y ☐ N

LOT: _____ BLOCK: _____ SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 32-15-17-04620-002 ZONING: A-3 I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 1 FT

PROPERTY ADDRESS: 849 NW Cripple Creek St. Lake City, FL 32055

DIRECTIONS TO PROPERTY: 441-N past I-10 approx. 8 miles. Turn Left on Cripple Creek St. 3rd gated property on right just past Second MH on Right.

BUILDING INFORMATION

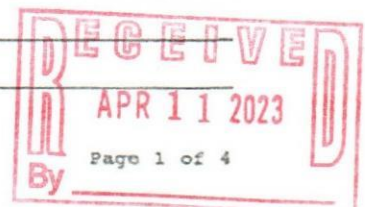
☒ RESIDENTIAL ☐ COMMERCIAL

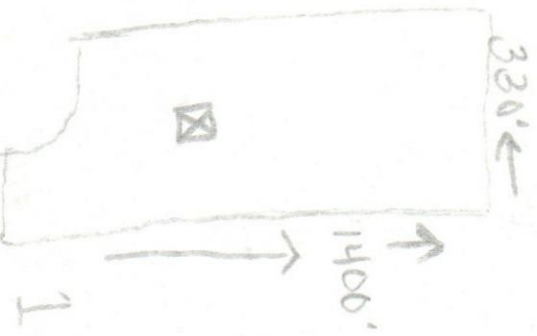
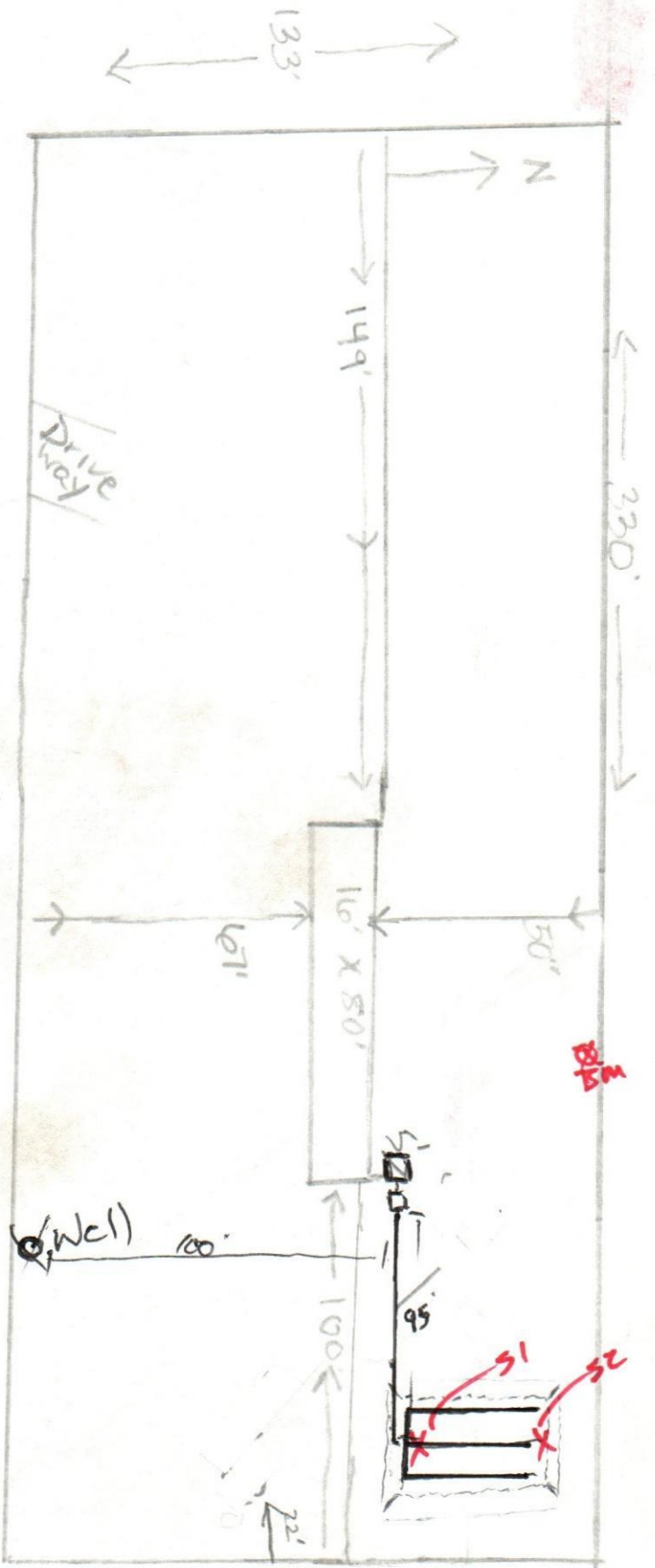
Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>SWMH</u>	<u>3</u>	<u>1200</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Shannon Langford DATE: _____

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC





1 acre lot of 10 acres.

12 13 14 15 16 17

Would like to be present to discuss septic location.

23-0273

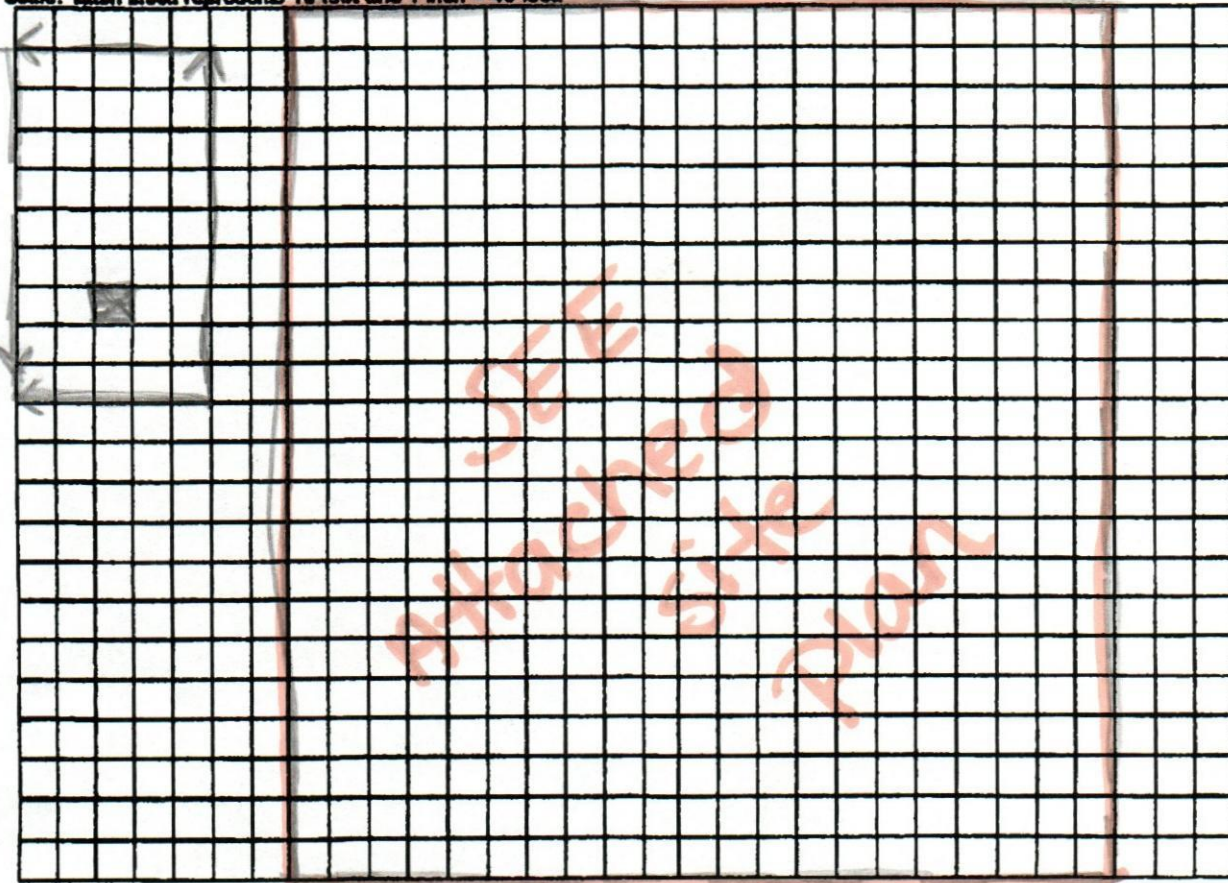
STATE OF FLORIDA
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0273

..... PART II - SITEPLAN

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

10
A
C
R
E
S



Notes: _____

Site Plan submitted by: Shannon Langford

Plan Approved ☒

Not Approved ☐

Date

4-14-23

By

Calvin County Health Department

4/14/23

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 08-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, F.A.C.

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

PERMIT #: 12-SC-2687460
APPLICATION #: AP1958892
DATE PAID: 4/12/23
FEE PAID: 425.00
RECEIPT #:
DOCUMENT #: PR1923582

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: SHANNON**23-0273 LANGFORD
PROPERTY ADDRESS: 849 NW CRIPPLE CREEK Lake City, FL 32055
LOT: BLOCK: SUBDIVISION:
PROPERTY ID #: 04620-002 [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 [225] GALLONS DOSING TANK CAPACITY [50.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]
D [375] SQUARE FEET Drainfield 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 tree w/ green tape.

I ELEVATION OF PROPOSED SYSTEM SITE [42.00] [INCHES] FT [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [22.00] [INCHES] FT [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L

D FILL REQUIRED: [38.00] INCHES EXCAVATION REQUIRED: [18.00] 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 300 gpd.

T Performing Lift Dosing. Pumps must be certified as suitable for distributing sewage effluent.

H **Remove all SPODIC material from DF site prior to construction of the Mound **(Include L&W of shoulder/slopes). Material
E is to NOT be used in or on system including slopes.

R * NOTE = 95' of pipe tank to drain field

SPECIFICATIONS BY: Dustin W Jones

TITLE: Environmental Specialist II

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

DATE ISSUED: 04/18/2023 EXPIRATION DATE: 10/18/2024

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

Incorporated: 64E-6.003, FAC

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