



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

PERMIT #: 12-SC-2294293
APPLICATION #: AP1665132
DATE PAID: 5/20/2021
FEE PAID: 310.00
RECEIPT #: 12-P10-496232
DOCUMENT #: PR1565949

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: TERRY**21-0474 JONES & D. FREEMAN
PROPERTY ADDRESS: 587 SW PINEHURST Lake City, FL 32025
LOT: 17 BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 03087-117

[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 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 _____ New 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 15" oak N of system site

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.
T
H
E
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE
APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 05/20/2021 EXPIRATION DATE: 11/21/2022

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

Incorporated: 64E-6.003, FAC



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

CR # 10-8188

PERMIT NO 21-0474
DATE PAID: 5/20/21
FEE PAID: 310.00
RECEIPT #: 11045132

APPLICATION FOR:

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

APPLICANT: TERRY JONES & DENNA FREEMANAGENT: SPARKS CONSTRUCTIONTELEPHONE: (386) 755-9314MAILING ADDRESS: 426 SW COMMERCE DR, SUITE J 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: 17 BLOCK: N/A SUBDIVISION: FOREST COUNTRY PLATTED: _____PROPERTY ID #: 22-4S-16-03087-117 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐PROPERTY SIZE: 0.700 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: 587 SW PINEHURST DRDIRECTIONS TO PROPERTY:

TAKE 90 WEST, TURN LEFT ON CR 247, TURN LEFT ON MONK ST, TURN RIGHT ON SW LONG LEAF DR, TURN RIGHT ON PINEHURST DR, LAST ON RIGHT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

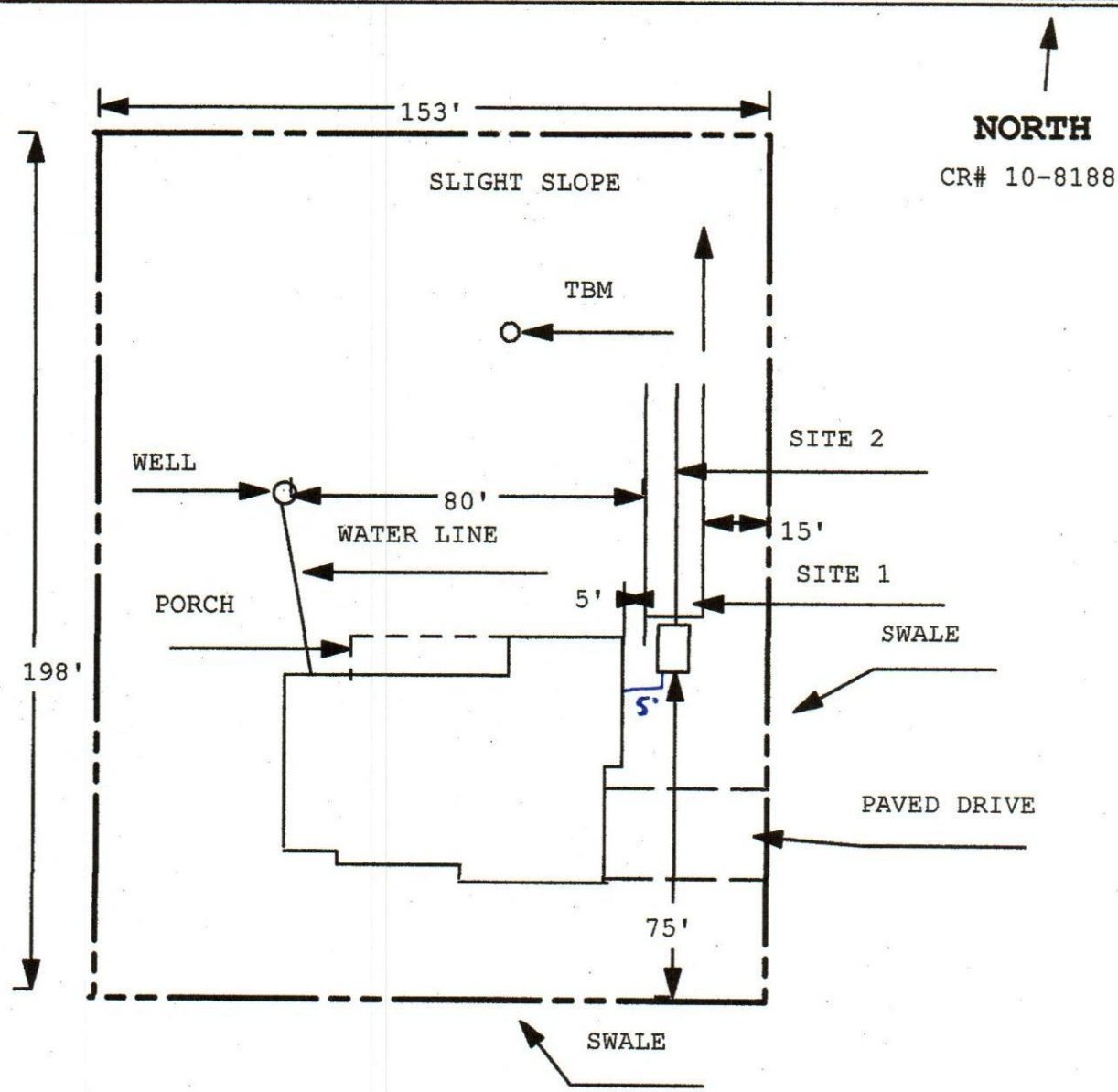
Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	HOUSE	4	2,900	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____DocuSigned by:
SIGNATURE Denna FreemanDocuSigned by:
Terry JonesDATE: 05/18/21

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 21-0474

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100'

1 INCH = 40 FEET

Site Plan Submitted By Paul R. [Signature] Date 4/25/21
 Plan Approved ✓ Not Approved [Signature] Date 5/21/2021
 By Kate Rego Columbia CPHU

Notes: _____