



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

PERMIT NO. 26-0128  
DATE PAID: 2/3/20  
FEE PAID: 211.00  
RECEIPT #: 21887-35

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Adam Thomas (Plumb level) EMAIL: \_\_\_\_\_

AGENT: Dons Septic & Fill TELEPHONE: 386-205-9940

MAILING ADDRESS: 10799 68th Terrace, Live Oak, FL 32060

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 /  ]

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 26-48-16-03189-007 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y /  ]

PROPERTY SIZE: 10.38 ACRES WATER SUPPLY:  PRIVATE PUBLIC [ ]  ≤2000GPD [ ]  >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y /  ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: SW Dyal Ave. Lake City 32024

DIRECTIONS TO PROPERTY: Take Sisters welcome S, stay straight onto Dyal, property on L.

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>SFR</u>	<u>5</u>	<u>3371</u>	
2				
3				
4				

Floor/Equipment Drains  Other (Specify) \_\_\_\_\_

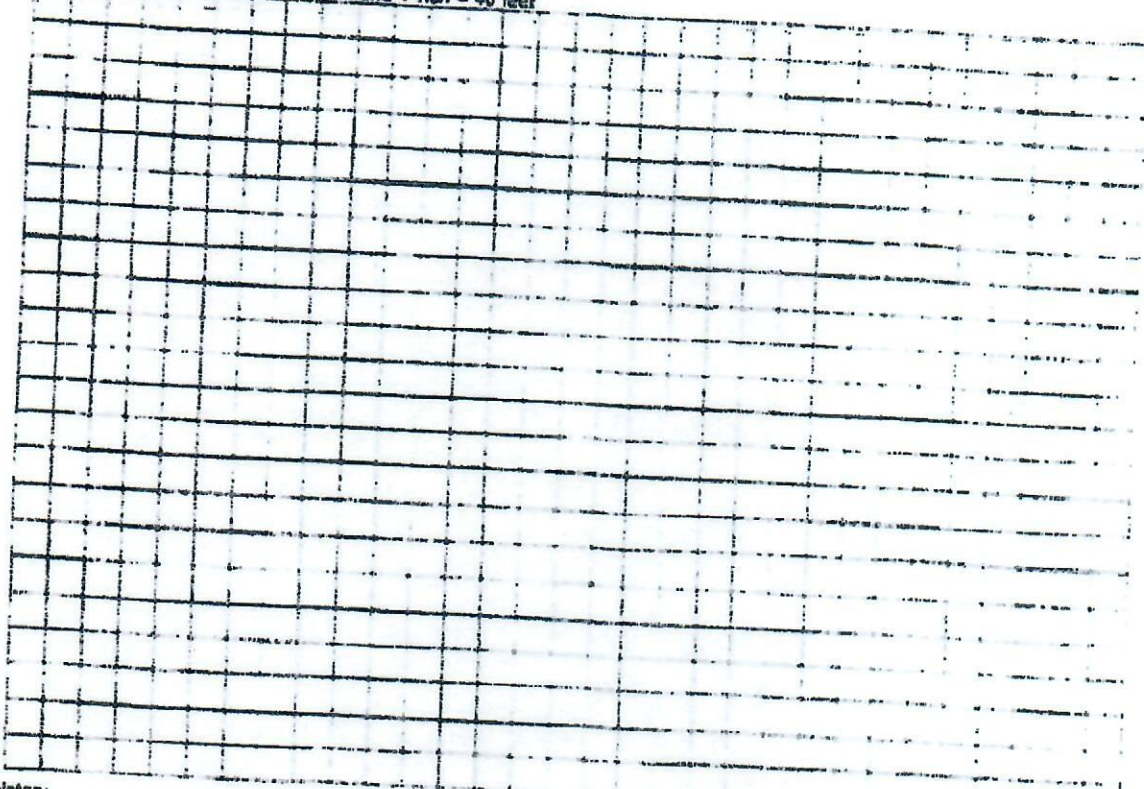
SIGNATURE: Dan Wainwright DATE: 1-29-20

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0128

PART II - SITEPLAN

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



Notes:

Site Plan submitted by

*Sharon Klein*

Plan Approved

*[Signature]*

Not Approved

*Gloria*

CEHP 25-2064

Date 3/6/26

County Health Department

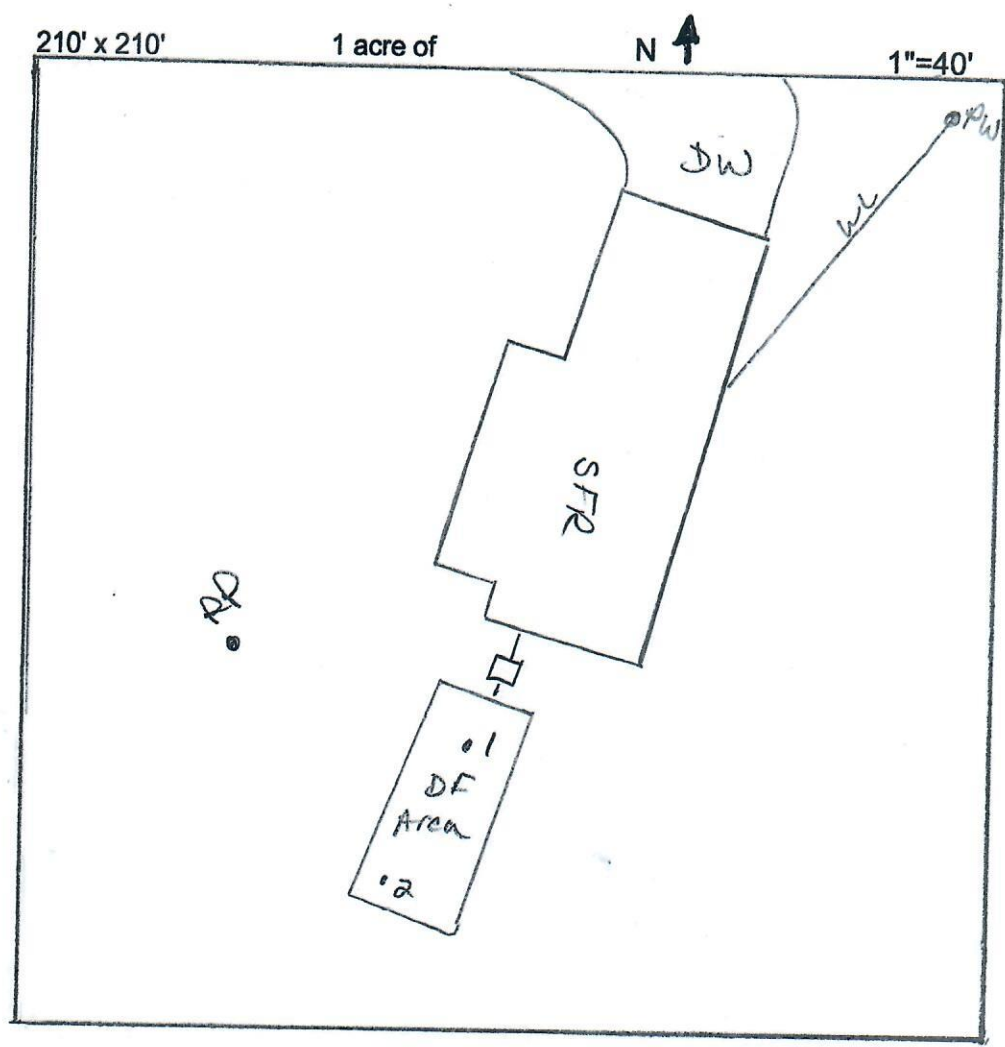
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used);  
incorporated: 02-8-004, F A C

Adam Thomas  
SW Dyal Ave.  
Lake City

(Plumb Level)

26-0128



Don Wainwright  
12926

A. Keen  
252064  
12926



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

E-MAIL

PERMIT #: 12-SC-4076576  
APPLICATION #: AP2288435  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2374144

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: ADAM\*26-0128 THOMAS  
PROPERTY ADDRESS: SW DYAL Ave Lake City, FL 32024  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 03189-007 [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 [ 560 ] GALLONS / GPD Aerobic Treatment Unit 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 [ 432 ] 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 with red ribbon in oak near site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 41.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 71.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

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

The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 460 gpd.  
System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation. Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final system approval.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: Sean P Havens TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 03/06/2026 EXPIRATION DATE: 09/06/2027

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

