

Emerald Cove lot 97

SSO 092604223



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

PERMIT NO. 26-0317
DATE PAID: 3/25/26
FEE PAID: 725.00
RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
 New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Craig Terry EMAIL: c.terry@4mail.com
AGENT: Jeff Baker TELEPHONE: 352-339-6387

MAILING ADDRESS: PO Box 1929 High Springs, FL 32655

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: 97 BLOCK: _____ SUBDIVISION: Emerald Cove PLATTED: Yes

PROPERTY ID #: 33-38-16-02438-197 ZONING: SFD I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .5 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 118 SW Timberland Ct, Lake City, FL

DIRECTIONS TO PROPERTY: Hwy 90 West, Left turn on SW Heathridge Dr. Property located at the corner of Timberland Ct & Heathridge Dr.

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>SFD</u>	<u>3</u>	<u>1384'</u>	
2				
3				
4				

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

SIGNATURE: Jeff Baker DATE: 3/25/26

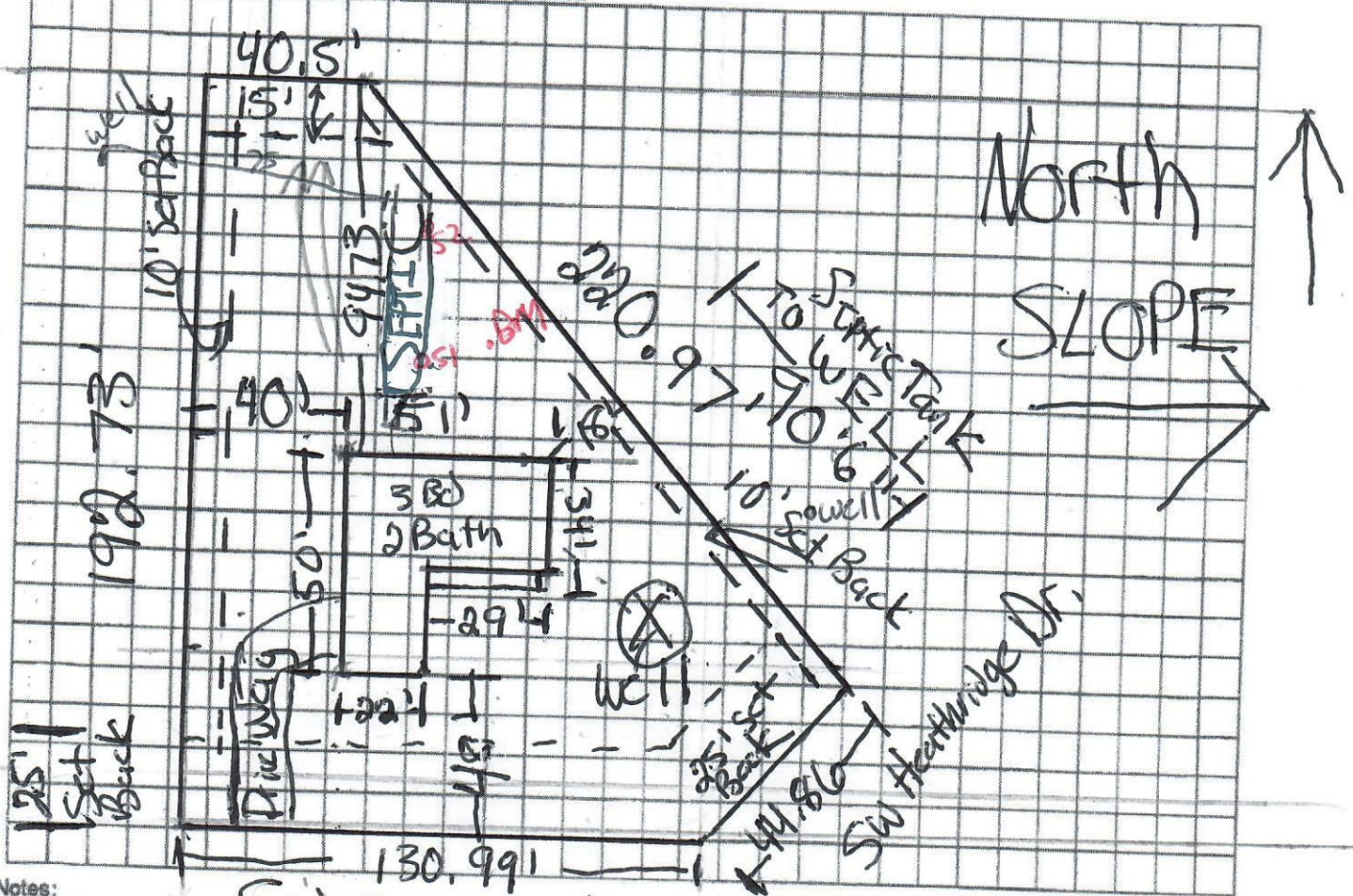
Emerald Cove lot 97
 118 SW Timberland Ct. Lake City, FL 32084

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PART II - SITEPLAN

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



Notes: _____
 SW Timberland Ct.

Site Plan submitted by: DWC Contracting LLC
 Plan Approved _____ Not Approved _____
 By [Signature] _____ Date 4/30/26
 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT #: 12-SC-4098497
APPLICATION #: AP2302456
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2382068

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CRAIG**26-0317 TERRY
PROPERTY ADDRESS: 118 SW TIMBERLAND CT. Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: Emerald Cove Phase 1
PROPERTY ID #: 02438-197 [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 [400] 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 [282] 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 tree w/ green ribbon

I ELEVATION OF PROPOSED SYSTEM SITE [27.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [50.00] [INCHES / FT] [BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] 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
H System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
E Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also
R required. Maintenance contract with fee also required before final system approval.

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist II

APPROVED BY: TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 04/30/2026 EXPIRATION DATE: 10/30/2027

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