



Application For Construction Permit Onsite Sewage Treatment and Disposal System (OSTDS)

Application for:

- ☒ New System ☐ Existing System ☐ Temporary
☐ Repair ☐ Abandonment ☐ Other

Permit No. 26-0570
Date Paid: 2/14/26
Fee Paid: 310.00
Receipt #: 2314219

Subtype:

- ☒ Aerobic Treatment Unit ☐ Holding Tank ☐ Other (describe):
☐ Non-innovative Performance-based treatment system (PBTS) ☐ Innovative PBTS ☐ Innovative, Non PBTS

Does the system include nitrogen treatment?

- ☒ Enhanced Nutrient-Reducing OSTDS ☐ In-ground Nitrogen Reducing Biofilter

Applicant: Jaron Nagle

Agent: Andrews Site Prep

Email: _____
Telephone: 386-867-0572

Mailing Address: 8230 SW SR 121 Lake Butler 32054

To be completed by applicant or applicant's authorized agent. Systems must be constructed by a person licensed pursuant 489.105(3)(m) or 489.552, Florida Statutes. It's the applicant's responsibility to provide documentation of the date the lot was first recorded in its present form or platted (MM/DD/YY) if requesting consideration of statutory grandfather provisions.

Property Information

Lot: 8 Block: _____ Subdivision: Arbor Greene Date Lot Recorded: _____
Property Id #: 28-38-16-02372-505 Zoning: _____ I/M Or Equivalent: ☐ Yes ☐ No Property Size: 0.51 Acres

Water Supply: Private ☒ Public Not Limited Use ☐ <=2000gpd ☐ >2000gpd Limited Use Public ☐ <=2000gpd ☐ >2000gpd

Is Sewer Available As Per 381.0065, F.S.? ☐ Yes ☒ No

Property Address: 351 NW Heritage Dr, Lake City 32025

Directions To Property: GPS

Building Information

☒ Residential ☐ Commercial

Unit No.	Type of Establishment	No. of Occupants	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>SFR</u>		<u>4</u>	<u>2168</u>	
2					
3					
4					

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: B DATE: 7/8/2026

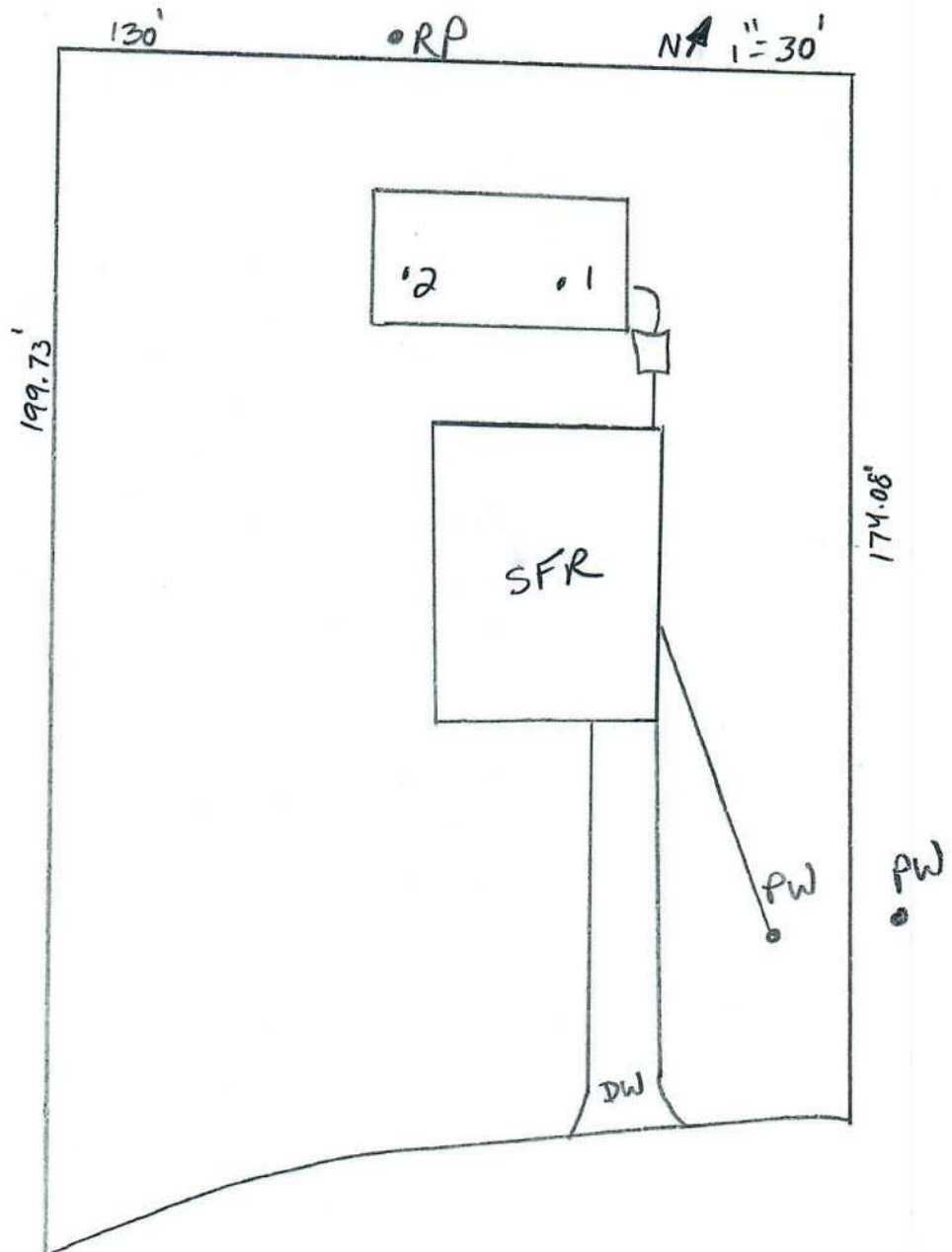
Jaron Nagle

351 NW Heritage Dr.

Lake City

(352) 663-7512

26-2570



A. Keen
25-2064
7-8-26

7-8-26

approved

Columbia 7/12/26



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



E-MAILED

PERMIT #: 12-SC-4117999

APPLICATION #: AP2314619

DATE PAID: _____

FEE PAID: _____

RECEIPT #: _____

DOCUMENT #: PR2393309

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JARON**26-0570 NAGLE

PROPERTY ADDRESS: 351 NW HERITAGE Dr Lake City, FL 32025

LOT: 8 BLOCK: _____ SUBDIVISION: Arbor Greene @ Emer Lakes P1

PROPERTY ID #: 02372-508 [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 [500] 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 [616] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND []

I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail with red ribbon in live oak

I ELEVATION OF PROPOSED SYSTEM SITE [20.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [20.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [18.00] 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 Dosing tank to be added if gravity flow cannot be achieved.

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 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: 07/21/2026

EXPIRATION DATE: 01/21/2028

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