

SSD 185488108

* Locked gate - call customer to schedule

PERMIT NO. 24-0436
DATE PAID: 03/12/04
FEE PAID: 725.00
RECEIPT #: 207225



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

APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: Barbara + Grace Alvarez EMAIL: provisionpermitting@gmail.com

AGENT: Sonya North 863-577-5701 TELEPHONE: 303-552-8851

MAILING ADDRESS: 5809 NW Lake Jeffery Rd 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: _____ PLATTED: _____

PROPERTY ID #: 09-35-116-02045-102 ZONING: _____ I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 5.09 ACRES WATER SUPPLY: PRIVATE PUBLIC ≤2000GPD >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? Y N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 5809 NW Lake Jeffery Rd Lake City, FL 32055

DIRECTIONS TO PROPERTY: R on US 41 N, at traffic circle take 2nd exit onto NW Bascom Norris Dr, R on NW Lake Jeffery Rd, (R on NW Calico Ct property on R)

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	mobile Home	2	736	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Sonya North DATE: _____



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

PERMIT #: 12-SC-2903836
APPLICATION #: AP2072905
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2124569

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: BARBARA***24-0436 ALVAREZ
PROPERTY ADDRESS: 5803 NW LAKE JEFFERY Lake City, FL 32055
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 02045-102 [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 [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [250] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Nail in tree w/ green tape.
I ELEVATION OF PROPOSED SYSTEM SITE [40.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [64.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O
T
H
E
R
The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 07/15/2024 EXPIRATION DATE: 01/15/2026

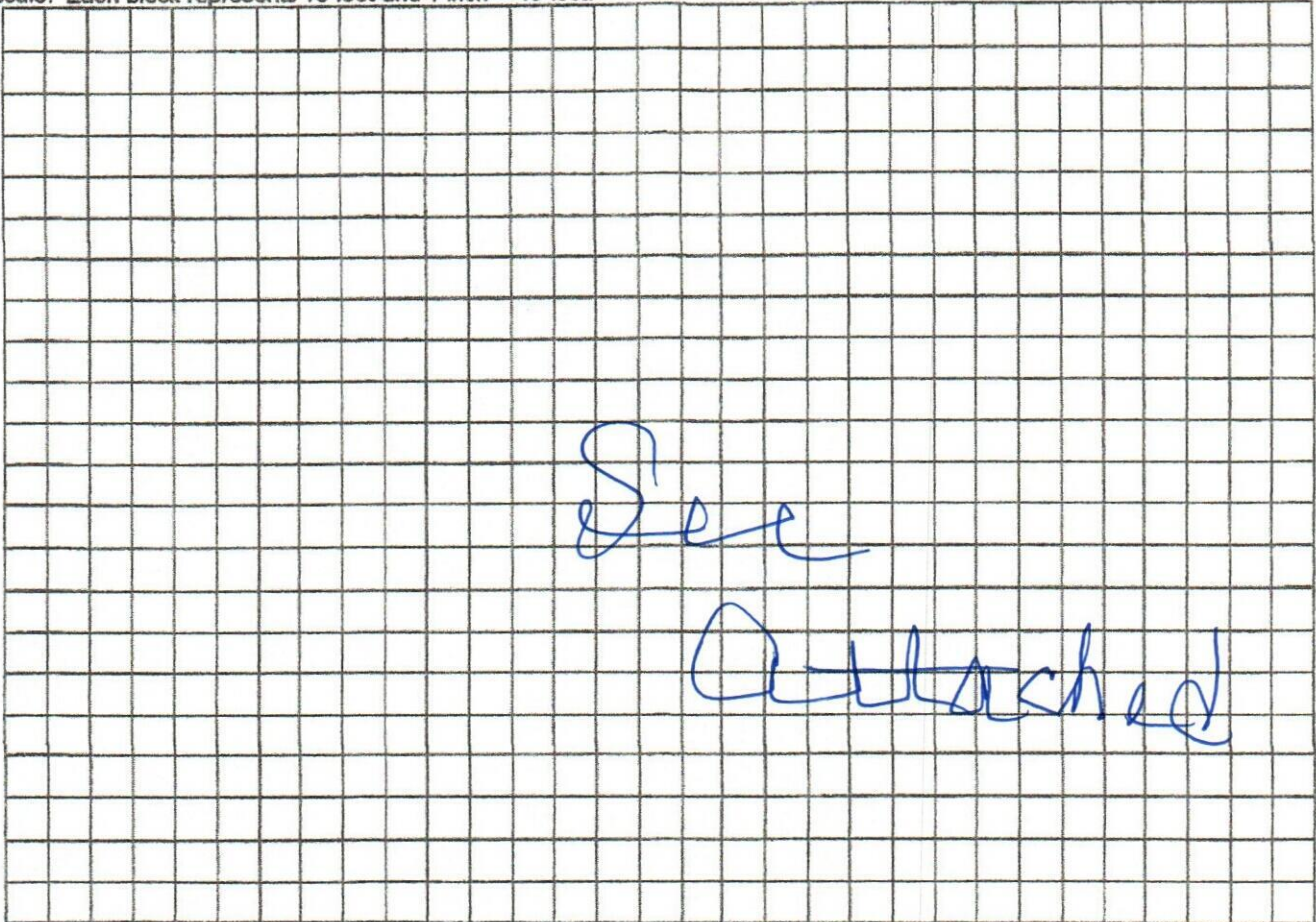
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-04210

----- PART II - SITEPLAN -----

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



Notes: _____

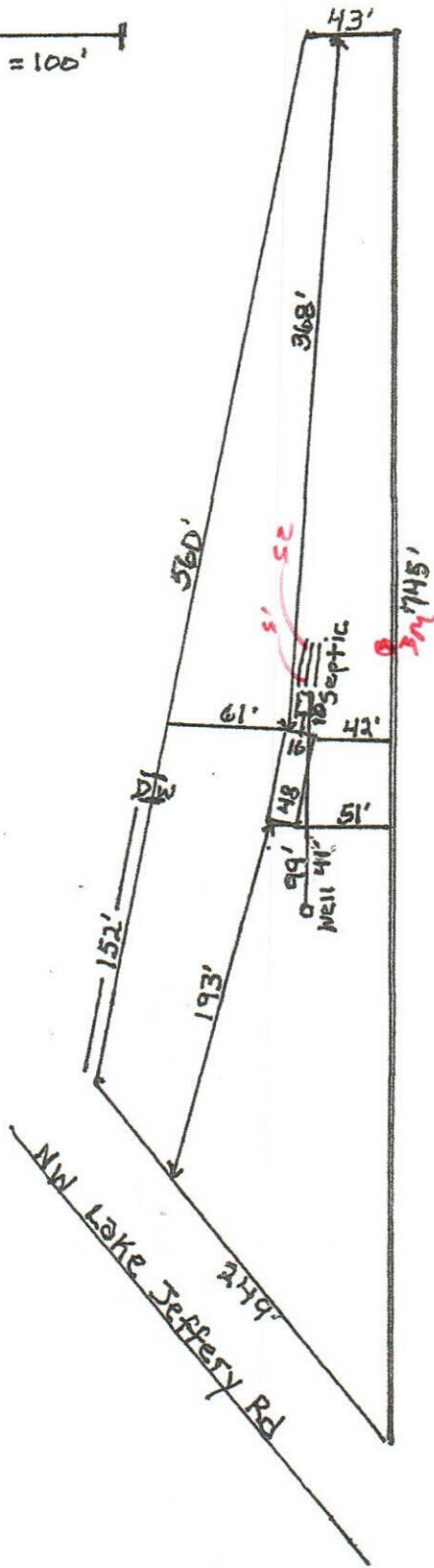
Site Plan submitted by: Sonja Nott

Plan Approved [Signature] Not Approved _____ Date 7/15/24
By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

24-0436

1" = 100'



Alvarez