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

PERMIT NO. 26-0111
DATE PAID: 11/29/16
FEE PAID: 425.00
RECEIPT #: 2287708

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Innovative
- Repair
- Abandonment
- Temporary

APPLICANT: Bob Milliken (Robert) EMAIL: AmicaBuilders@yahoo

AGENT: Amira Builders TELEPHONE: 352-215-7048

MAILING ADDRESS: 14901 MAIN STREET ALACHUA, FL 32615

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 #: 19-65-18-10624-000 ZONING: _____ I/M OR EQUIVALENT: Y / N

Not in PFA

PROPERTY SIZE: 149.50 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 3617 SE CR 18 LAKE CITY FL

DIRECTIONS TO PROPERTY: _____

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>3</u> | <u>2161</u> | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Floor/Equipment Drains Other (Specify) _____

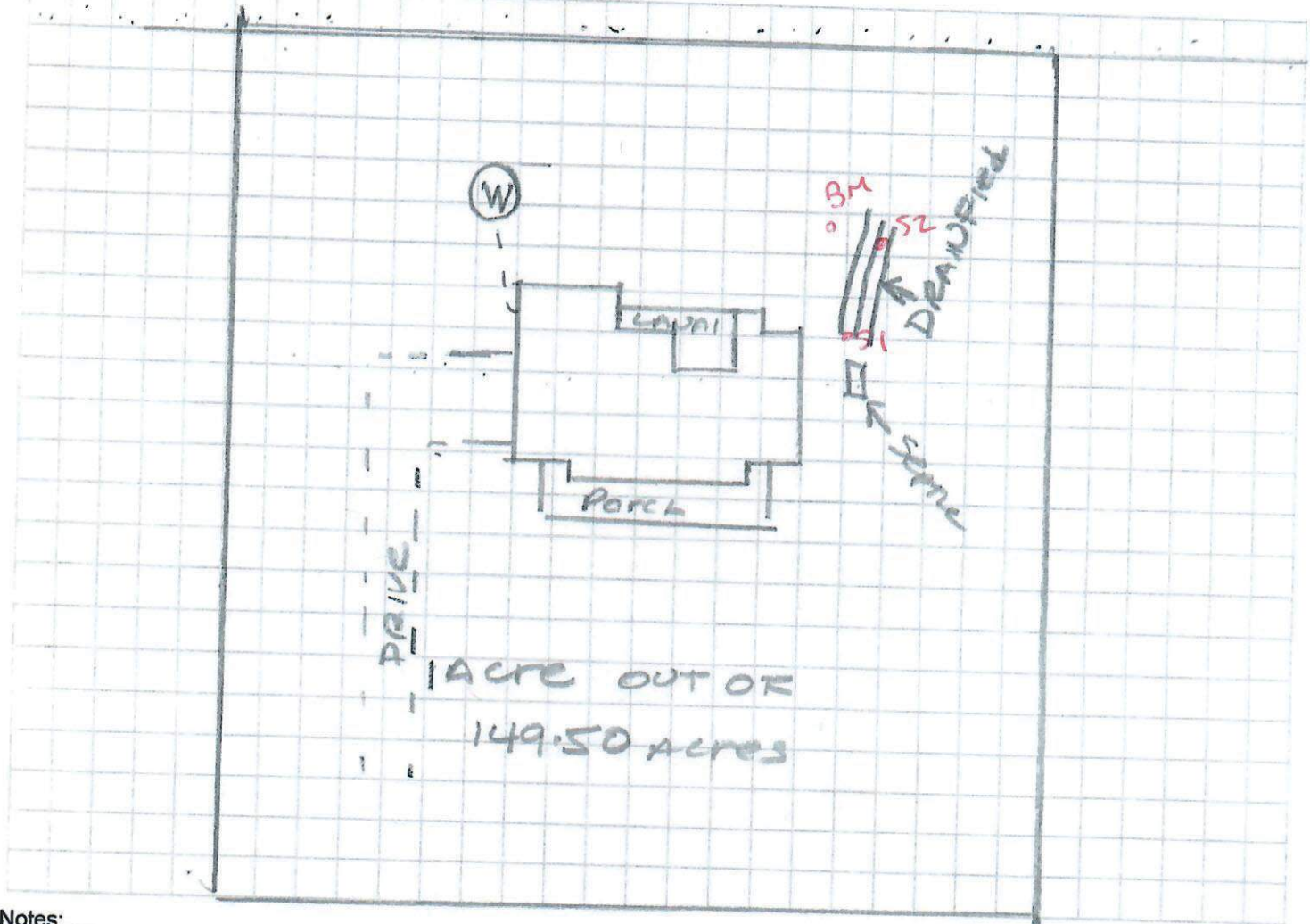
SIGNATURE: [Signature] DATE: 1-27-26

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-8111

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

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



Notes: _____

Site Plan submitted by: [Signature]

Plan Approved Not Approved _____
By [Signature] Columbia

Date 2/5/26
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



E-MAILED
Amira 8/6/26

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

PERMIT #: 12-SC-4075439
APPLICATION #: AP2287708
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2370137

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ROBERT**26-0111 MILLIKEN
PROPERTY ADDRESS: 3617 SE CR 18 Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 10624-000 [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 New Multi-Chambered 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 [375] 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: Top of wooden stake N of system site
I ELEVATION OF PROPOSED SYSTEM SITE [4.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [8.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [6.00] INCHES EXCAVATION REQUIRED: [] INCHES

O
T
H
E
R
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.

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist II
APPROVED BY: [Signature] TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 02/05/2026 EXPIRATION DATE: 08/05/2027

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



