



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

PERMIT #: 12-SC-4092354
APPLICATION #: AP2298679
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2380724

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: THOMAS**26-0310 KINNAMON
PROPERTY ADDRESS: S US HWY 441 Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 09676-003 [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 [1,050] 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 [500] 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 pine near site
I ELEVATION OF PROPOSED SYSTEM SITE [33.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [33.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [18.00] INCHES EXCAVATION REQUIRED: [] INCHES

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.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

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

DATE ISSUED: 04/21/2026 EXPIRATION DATE: 10/21/2027

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
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. 26-2210

SITE EVALUATION AND SYSTEM SPECIFICATIONS

APPLICANT: Thomas Kinnaman AGENT: K. Keen

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 29-046-14c-03232-010650 [Section/Township/Parcel No. or Tax ID Num]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS

PROPERTY SIZE CONFORMS TO SIZE PLAN: YES NO NET USABLE AREA AVAILABLE: 1 ACR

TOTAL ESTIMATED SEWAGE FLOW: 400 GALLONS PER DAY [SEE PAGE 2 / OTHER]

AUTHORIZED SEWAGE FLOW: 1500 GALLONS PER DAY [2500 GPD/ACRE OR 2500 GPD/ACRE]

UNOCCUPIED AREA AVAILABLE: 2000 SQ FT UNOCCUPIED AREA REQUIRED: 750 SQ

BENCHMARK/REFERENCE POINT LOCATION: Nail with red ribbon in pine near site
ELEVATION OF PROPOSED SYSTEM SIZE IS 33 [INCHES/FEET] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SEPARATION WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES:
SURFACE WATER: NA FT DITCHES/STRAITS: NA FT BURIED WELLS? YES NO
WELLS: PUBLIC: NA FT LIMITED USE: NA FT DRIVEWAY: 100 FT NON-SOURCING: NA FT
BUILDING FOUNDATIONS: S FT PROPERTY LINES: 47 FT POTABLE WATER LINES: 70 FT

SITE SUBJECT TO FREQUENT FLOODING: YES NO 10 YEAR FLOODING? YES NO
YEAR-FLOOD PROTECTION FOR SIZE: _____ FT REL./ACFD SIZE ELEVATION: _____ FT REL./ACFD

SOIL PROFILE INFORMATION SITE 1 33' B

DEPTH	TEXTURE	MOISTURE #/COLOR
0 TO 6	FS	4/1
6 TO 18	FS	5/3
18 TO 30	FS	6/3
30 TO 42	FS	8/1
42 TO 72	SL	6/4
TO		
TO		
24 TO 30	FS	10/R 6/6
TO		

USDA SOIL SERIES: Mapped Ocilla

SOIL PROFILE INFORMATION SITE 2 34' B

DEPTH	TEXTURE	MOISTURE #/COLOR
0 TO 8	FS	4/1
8 TO 20	FS	5/3
20 TO 34	FS	6/3
34 TO 48	FS	8/1
48 TO 72	SL	6/4
TO		
TO		
24 TO 34	FS	10/R 6/6
TO		

USDA SOIL SERIES: Mapped Ocilla

OBSERVED WATER TABLE: NA INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 24 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: YES NO ROOT INDICATOR: YES NO DEPTH: 24 INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: FS (6) DEPTH OF EXCAVATION: _____ INCHES
DRAINFIELD CONFIGURATION: TRENCH BED OTHER (SPECIFY) _____
REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: Thomas Keen 45-2064 DATE: 3/23/26

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 _____

PART II - SITEPLAN

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

See
Attached

Notes: _____

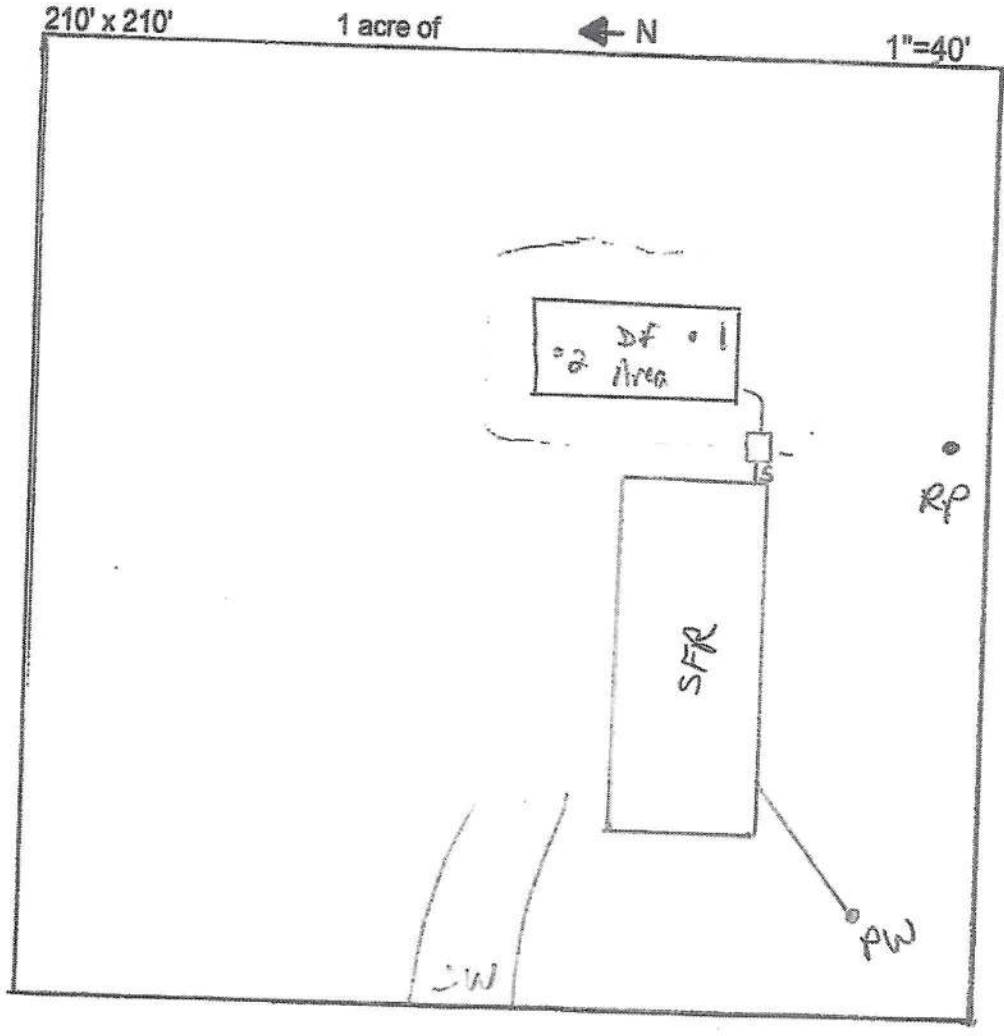
Site Plan submitted by: *Thomas Dean* CEHP 25-2064
Plan Approved Not Approved Date 4/21/26
By: *[Signature]* *Columbia* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used;
incorporated: 62-6.004, F A C

Thomas Kinnamon
US Hwy 441
Lake City

26-0310



Kinnamon Keen
25-2064
3-27-26



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

PERMIT NO. 26-2310
DATE PAID: 4/31/20
FEE PAID: 310.00
RECEIPT #: 2298679

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Thomas Kinnaman EMAIL: _____

AGENT: Keen Permitting LLC TELEPHONE: 352-356-1333

MAILING ADDRESS: 474 NE 628th ST. Old Town, FL. 32680

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 #: 15-66-17-09676-003 ZONING: _____ I/M OR EQUIVALENT: [Y /]

PROPERTY SIZE: 9.02 ACRES WATER SUPPLY: PRIVATE PUBLIC [<=2000GPD] >2000GPD

IS SEWER AVAILABLE AS PER 391.0065, FS? [Y /] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: S US Hwy 491, Lake City

DIRECTIONS TO PROPERTY: TL on Main Blvd, TR on FL-47 S, TL on I-75 S, take exit 414, TR on US-41 S, 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>SPR-MH</u>	<u>4</u>	<u>2,254</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Thomas Kinnaman 25-2064 DATE: 3/27/2020

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