



E-MAILED

Joshua Kameron Keen

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

PERMIT #: 12-SC-3167127 APPLICATION #: AP2239796 DATE PAID: FEE PAID: RECEIPT #: DOCUMENT #: PR2295923

CONSTRUCTION PERMIT FOR: OSTDS New APPLICANT: KEVIN\*\*25-0582 CREWS PROPERTY ADDRESS: 743 SW ALLISON Ter Lake City, FL 32024 LOT: 7 BLOCK: SUBDIVISION: PROPERTY ID #: 00439-307 [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 Sptic 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 [ 462 ] SQUARE FEET 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 tree W of site I ELEVATION OF PROPOSED SYSTEM SITE [ 13.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT E BOTTOM OF DRAINFIELD TO BE [ 7.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT L D FILL REQUIRED: [ 24.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

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: (Joshua) Kameron Keen TITLE: CEHP APPROVED BY: Kyle B Roberts TITLE: Environmental Manager Columbia CHD DATE ISSUED: 07/30/2025 EXPIRATION DATE: 01/30/2027



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

PERMIT NO. 25-0582  
DATE PAID: 7/16/25  
FEE PAID: 318.00  
RECEIPT #: 2229746

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary     

APPLICANT: Kevin Crews

EMAIL: \_\_\_\_\_

AGENT: Tommy Jones

TELEPHONE: 352-221-4473

MAILING ADDRESS: 1490 NE 130th St. Trenton, FL 32693

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: 7 BLOCK: \_\_\_\_\_ SUBDIVISION: Allison Crossing PLATTED: \_\_\_\_\_

PROPERTY ID #: 11-5s-15-00439-307 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY:  PRIVATE PUBLIC   $\leq 2000$  GPD   $> 2000$  GPD

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

PROPERTY ADDRESS: 743 SW Allison Ter Lake City 32024

DIRECTIONS TO PROPERTY: Take 247 S, TR on Allison, 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	<u>SFR</u>	<u>3</u>	<u>1456</u>	<u>1860 total</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains       Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature]

DATE: 7-15-25

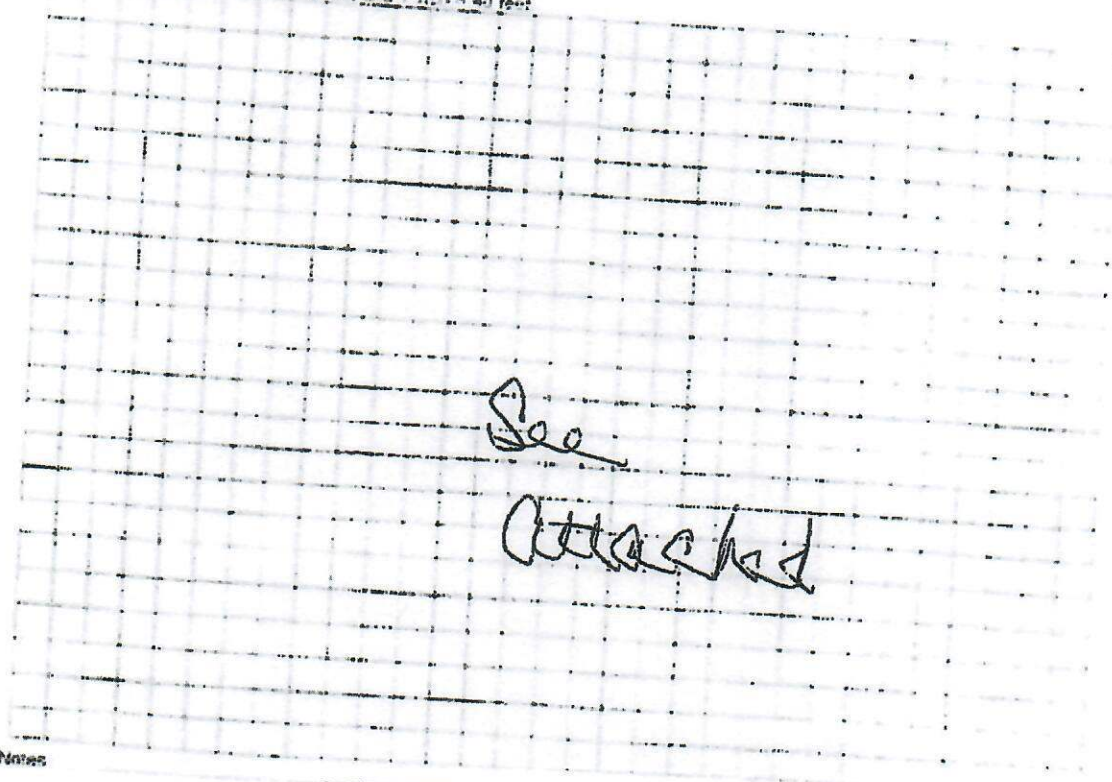
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

25-0582

PART II SITE PLAN

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



Notes

Site Plan submitted by *Harman Kler*

Plan Approved  Not Approved

By *[Signature]*

*Columbia*

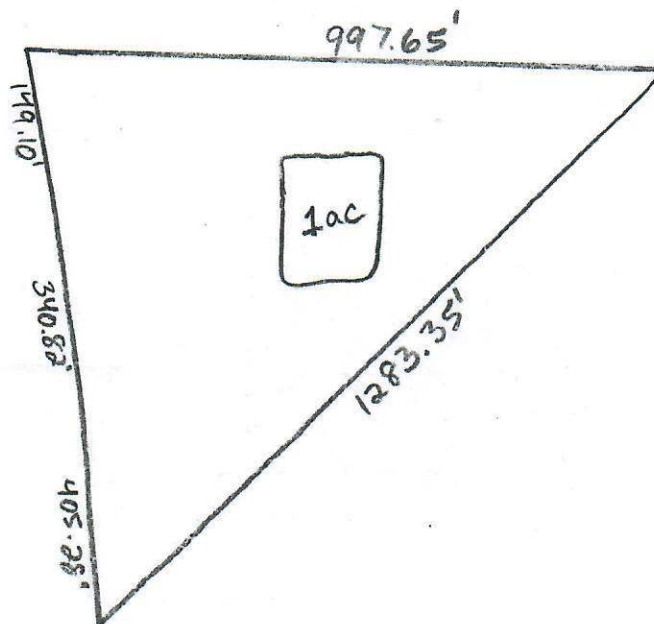
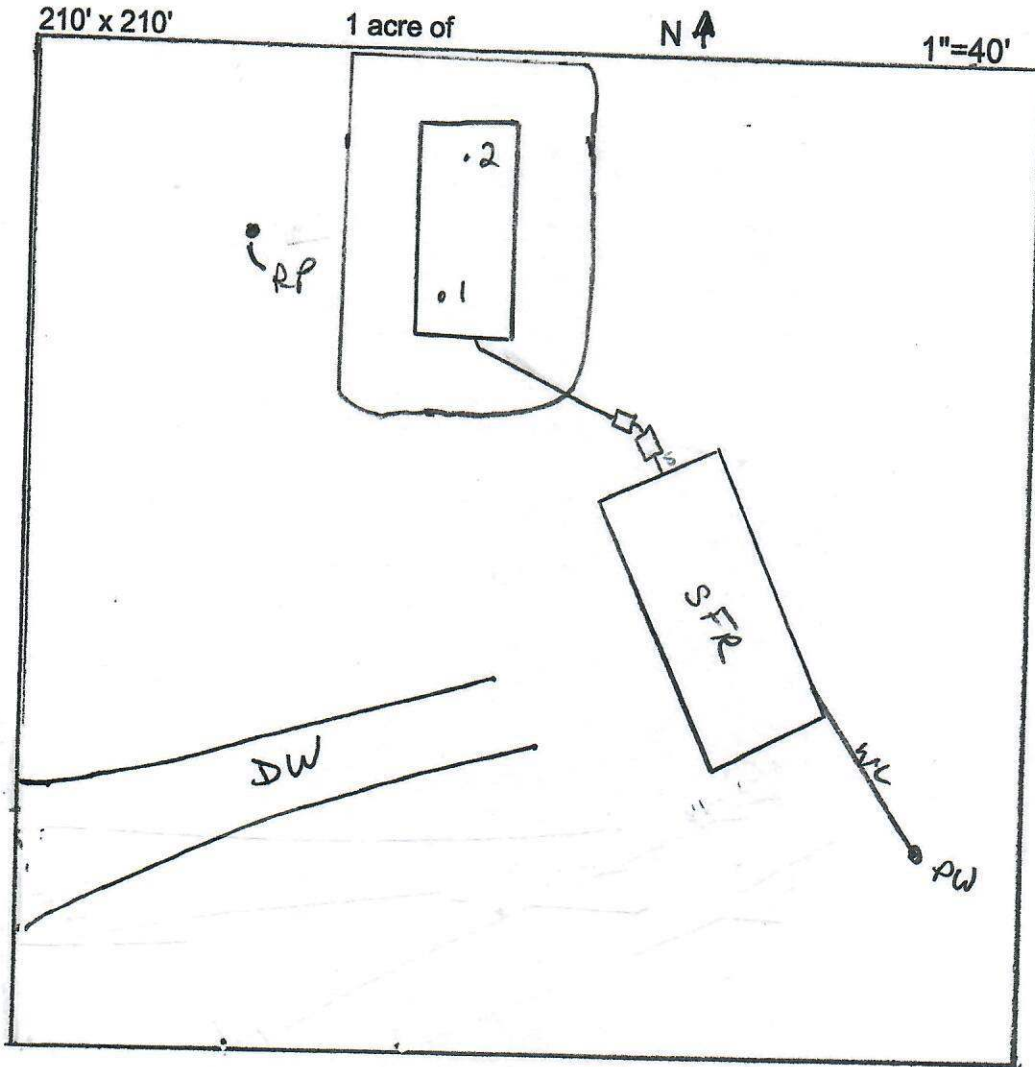
Date 7/30/25

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4010, 06 21 2022 (Obsoletes previous editions which may not be used)  
incorporated 62-6004 F.A.

25-0582



Kevin Crews  
743 SW Allison Ter  
Lake City

2/18/25

Home check  
232064  
7-15-25



FW

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

PERMIT NO. 25-2584  
DATE PAID: 7/11/25  
FEE PAID: 220.00  
RECEIPT #: 2239749

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Michael Corrao

EMAIL: \_\_\_\_\_

AGENT: Tommy Jones

TELEPHONE: 352-221-4473

MAILING ADDRESS: 1490 NE 130th St. Trenton, FL. 32693

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: 30 BLOCK: \_\_\_\_\_ SUBDIVISION: Rolling Hills

PLATTED: \_\_\_\_\_

PROPERTY ID #: 02-6S-17-09553-029 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 6.2 ACRES WATER SUPPLY:  PRIVATE PUBLIC   <=2000GPD  >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS?  Y /  N

DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: SE October Rd. Lake City 32025

DIRECTIONS TO PROPERTY: Take 41 S, TL on CR-238, TR on October, 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>SFR MH</u>	<u>3</u>	<u>1493</u>	
2				
3				
4				

Floor/Equipment Drains     Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature]

DATE: 7-15-25



E-MAILED

*James P. Keen*

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

PERMIT #: 12-SC-3167132  
APPLICATION #: AP2239799  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2295931

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: MICHAEL\*\*25-0584 CORRAO  
PROPERTY ADDRESS: SE OCTOBER Rd Lake City, FL 32025  
LOT: 30 BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 09553-029 [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 [ ] \_\_\_\_\_  
N  
F LOCATION OF BENCHMARK: Nail with red ribbon in tree near site  
I ELEVATION OF PROPOSED SYSTEM SITE [ 26.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 56.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] 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 300 gpd.

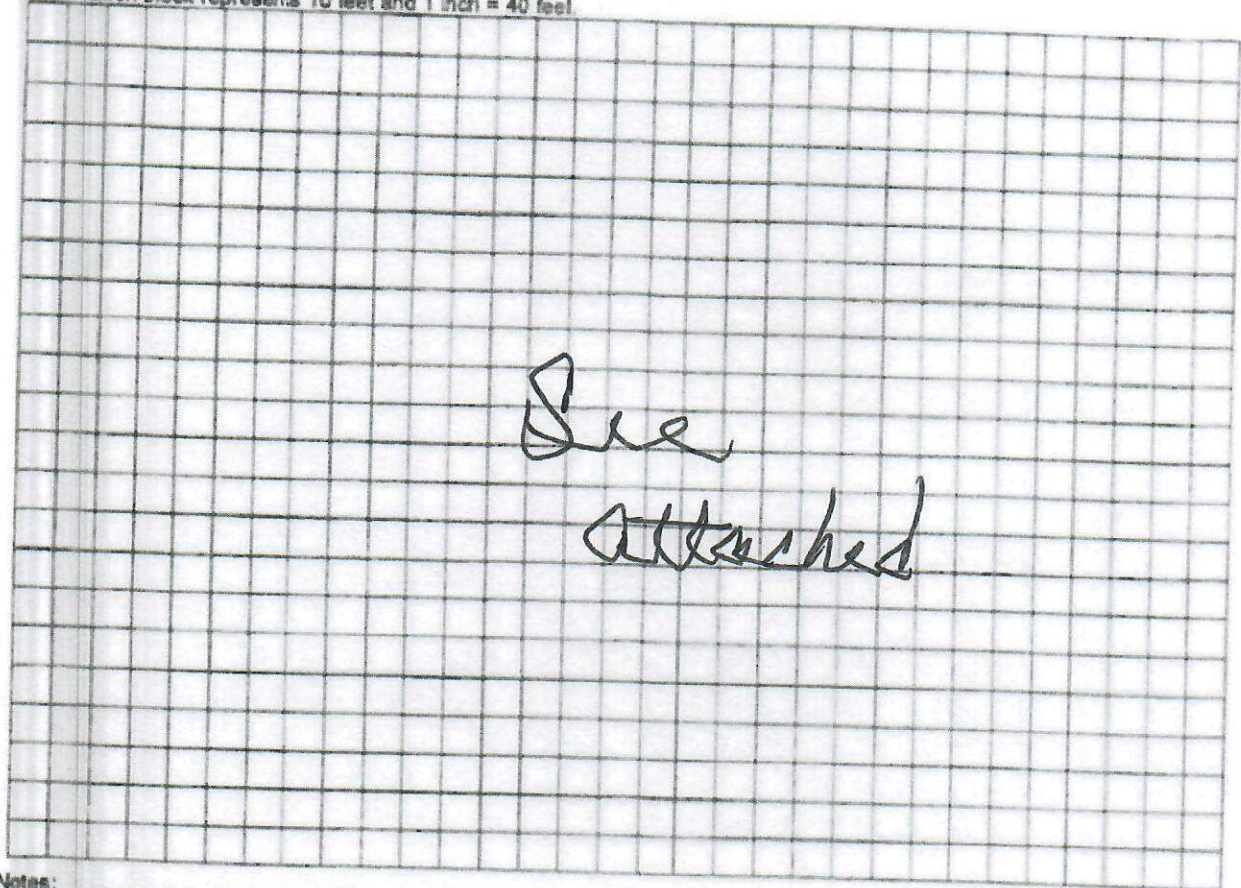
SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP  
APPROVED BY: *Sean P Havens* TITLE: Environmental Specialist I Columbia CHD  
DATE ISSUED: 07/30/2025 EXPIRATION DATE: 01/30/2027

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0584

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

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



Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: K. Keen

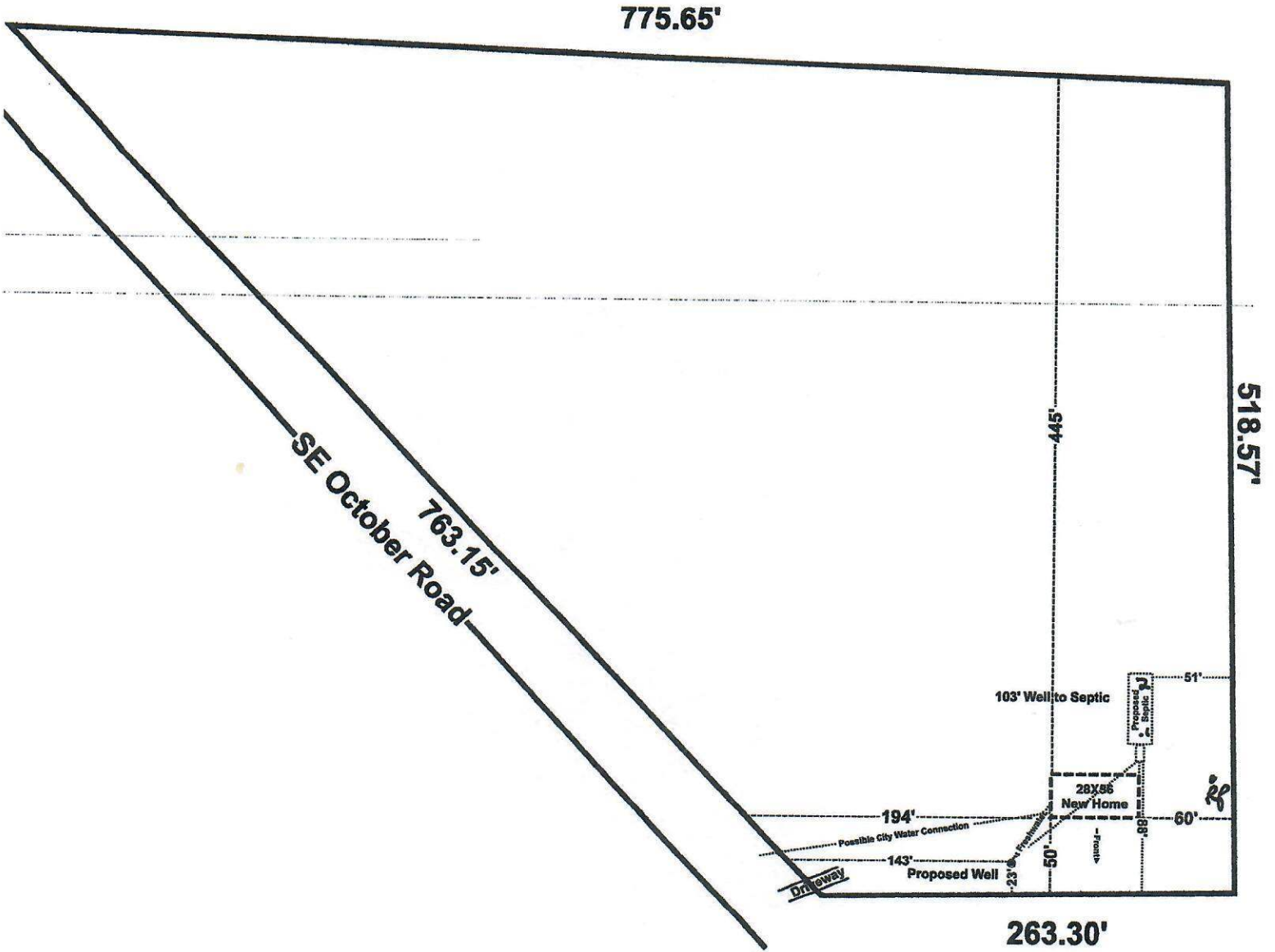
Plan Approved  [Signature] Not Approved  \_\_\_\_\_ Date 7/30/25  
By \_\_\_\_\_ [Signature] \_\_\_\_\_ County Health Department

**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



*25-0584*  
Brody Pack  
6/19/25



**Lonnie Bucchi**  
**Parcel: 02-6S-17-09553-029**  
**TBD SE October Road Lake City, FL**

**Scale 1" = 100'**  
**Rolling Hills**  
**Lot 30**

*7/16/25*

*Homean Keen*  
*03-2064*  
*7-15-25*