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

Application for:

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

Permit No. 26-0524
Date Paid: 2/24/26
Fee Paid: 255.00
Receipt #: 23124 JA

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: Olisa Properties, LLC **Email:** keenpermittingmail.com
Agent: Keen Permitting LLC **Telephone:** 352-356-1333

Mailing Address: 474 NE 628th St Old Toow, FL. 32680

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

Not in PFA

Lot: 4 & 5 Block: 5 Subdivision: Carolyn Heights Date Lot Recorded:
Property Id #: 28-3S-17-05769-001 Zoning: I/M Or Equivalent: ☐ Yes ☐ No Property Size: 0.4 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: 118 NE Treasure Ct, Lake City 32055

Directions To Property: TR on NE Washington St, TL on NE Voss Rd, TR on Bascom Norris Dr, TL on NE Treasure Ct, property on L

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	SFR-MH	6	3	1,352	
2					
3					
4					

☐ Floor/Equipment Drains ☐ Other (Specify)

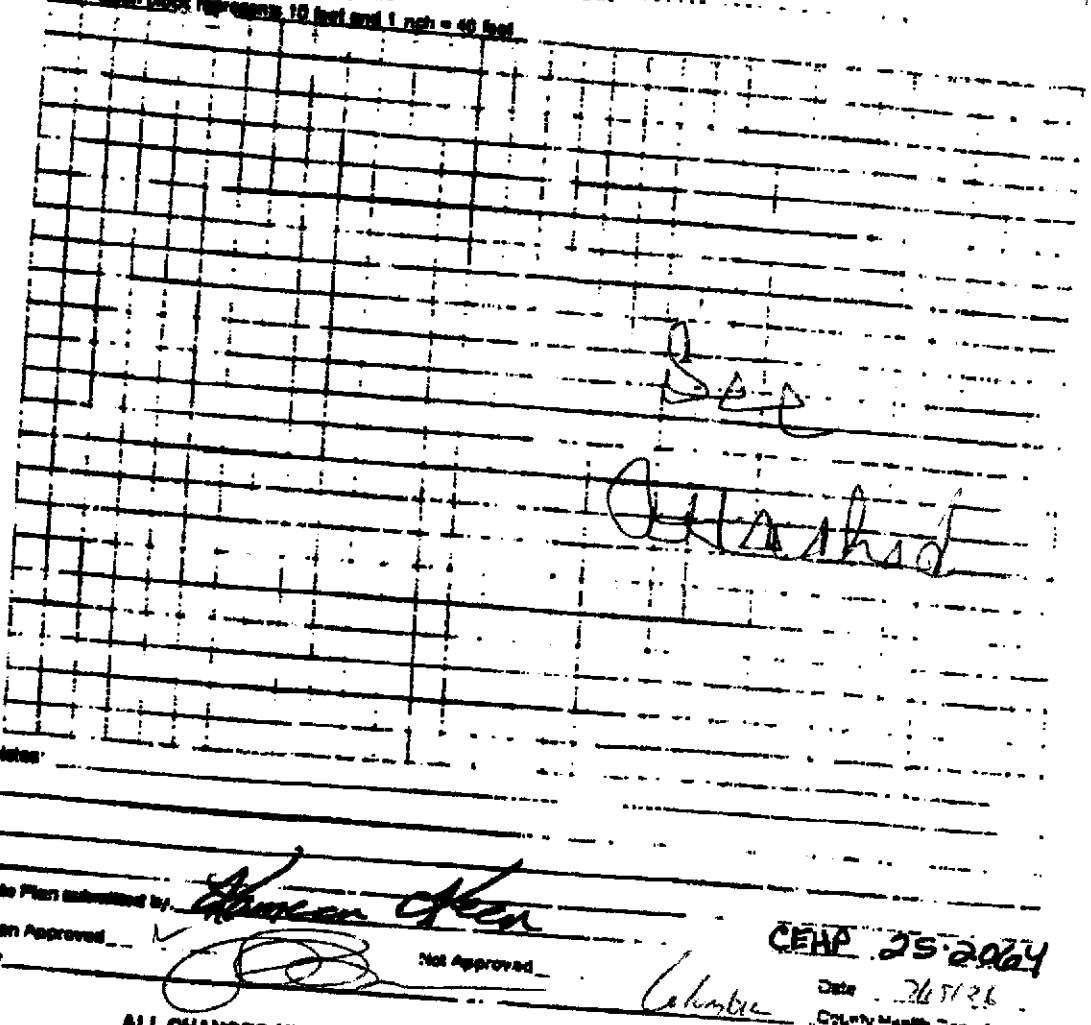
SIGNATURE: [signature] **DATE:** 6/24/2026

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number: 26-3524

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] CEHP 25-2024

Date: 2/5/26

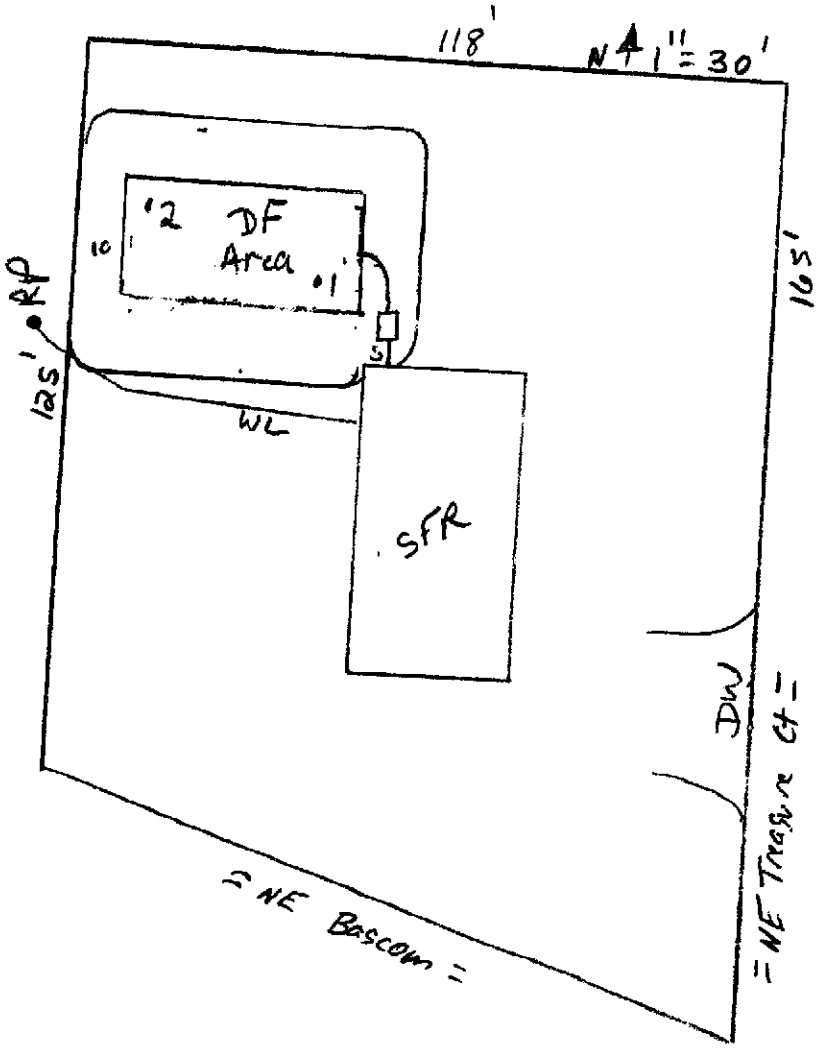
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 05-21-2022 (Obsoletes previous editions which may not be used)
Incorporates: 62-6.004, F.A.C.

Olisa Properties
NE Treasure Ct.
Lake City 32055
Lot 4 & 5 Blk 5
Carolyn Heights

24-0524



K. Keen
25-2064
6/24/26

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

PERMIT #: 12-SC-4114318
APPLICATION #: AP2312422
DATE PAID:
FEE PAID:
RECEIPT #:
DOCUMENT #: PR2392420

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: OLISA**26-0524 PROPERTIES LLC

PROPERTY ADDRESS: NE TREASURE Ct Lake City, FL 32055

LOT: 4,5 BLOCK: SUBDIVISION: Carolyn Heights

PROPERTY ID #: 05769-001 [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: [ ] STANDARD [ ] FILLED [x] MOUND [ ]
I CONFIGURATION: [x] TRENCH [ ] BED [ ]
N
F LOCATION OF BENCHMARK: Center top of water meter box
I ELEVATION OF PROPOSED SYSTEM SITE [8.00] [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: [18.00] INCHES EXCAVATION REQUIRED: [ ] INCHES

O 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.
T Dosing tank to be added if gravity flow cannot be achieved.
H
E
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: Reed P Stevens TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 07/15/2026 EXPIRATION DATE: 01/15/2028

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