



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

E-MAILED
Paul 2/9/26

PERMIT #: 12-SC-4072660
APPLICATION #: AP2286021
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2368807

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: ARTHUR**26-0088 WILHELM
PROPERTY ADDRESS: 348 SW TALL PINE Lake City, FL 32024
LOT: 22,25 BLOCK: _____ SUBDIVISION: Buie's Tract
PROPERTY ID #: 00384-034 [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 [0] GALLONS / GPD _____ CAPACITY
N [0] 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 [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [X] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: Nail in 24" oak tree south of system site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / **BELOW**] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES / FT] [ABOVE / **BELOW**] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] 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 Abandon old tank at time of repair. Minimum required drainfield is 225sqft due to age of system. System may be as deep as original as long as seperation to WSWT is maintained.
H Required drainfield area based on Rule 62-6.015(6)(c)2., F.A.C.
E
R Install a new drainfield to achieve Drainfield size requirement.

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

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

DATE ISSUED: 01/28/2026 EXPIRATION DATE: 04/28/2026



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

CR # 24-00811

PERMIT NO. 24-0088
DATE PAID: 1/20/26
FEE PAID: 188.00
RECEIPT #: 2286001

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: ARTHUR & MARCIA WILHELM EMAIL: paullloyd@callmeonthehone.com

AGENT: PAUL LLOYD TELEPHONE: (386) 961-1007

MAILING ADDRESS: 348 SW TALL PINE CT. LAK CITY FL 24024

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: 22 & 25 BLOCK: N/A SUBDIVISION: BUIE'S TRACT UNREC PLATTED: _____

PROPERTY ID #: 24-4S-15-00384-034 ZONING: AG I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 17.760 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 348 SW TALL PINE CT.

DIRECTIONS TO PROPERTY: 90 WEST TURN LEFT ON CR 247. TURN RIGHT ON CR 242. TURN RIGHT ON TALL PINE CT. SITE ON LEFT.

BUILDING INFORMATION RESIDENTIAL [] COMMERCIAL

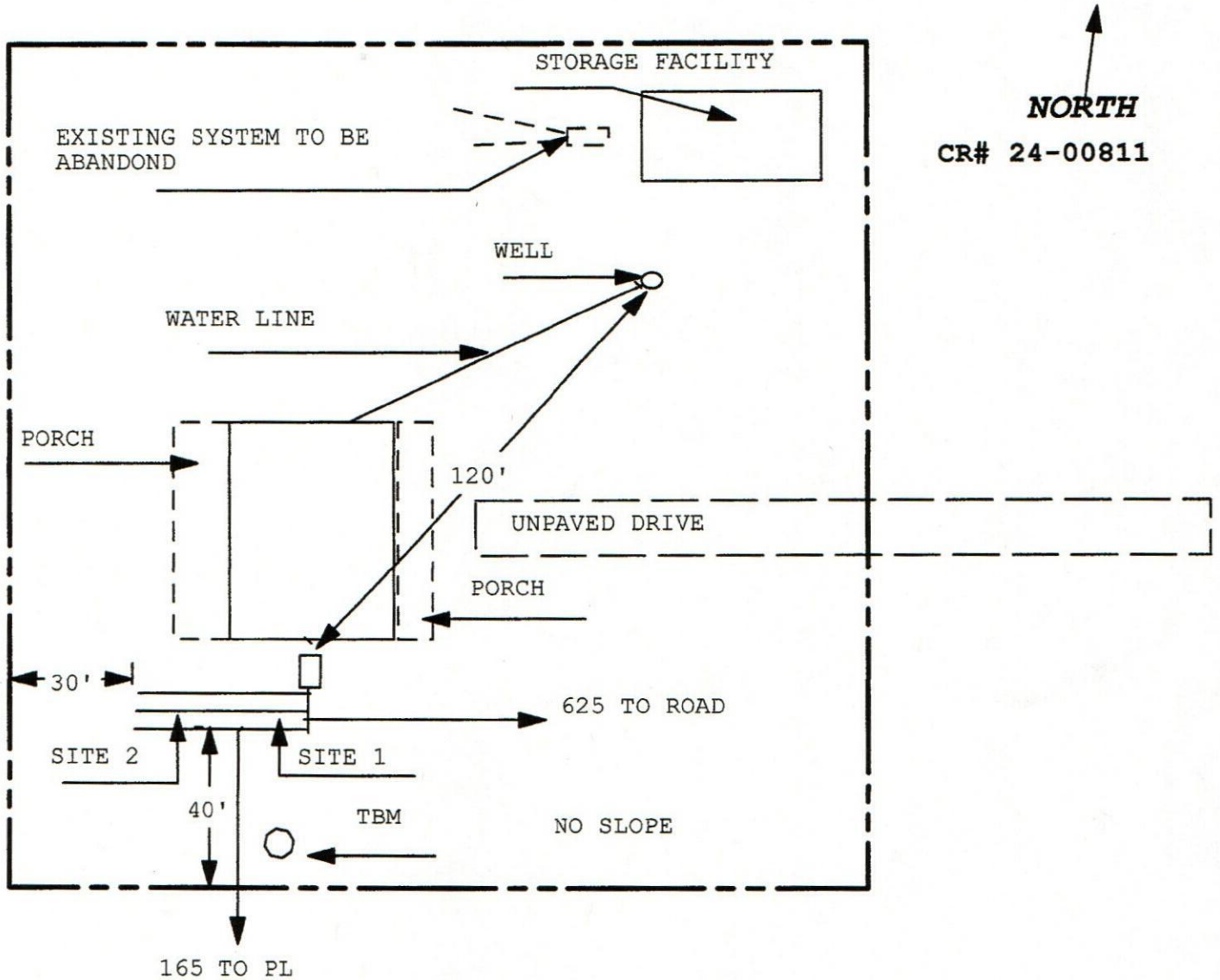
Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	<u>HOUSE</u>	<u>3</u>	<u>2,167</u>	<u>EXISTING SYSTEM TO BE REPLACED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Paul Lloyd DATE: 1/12/26

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
 Permit Application Number: 26-0088

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NORTH
 CR# 24-00811

1 INCH = 40 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By Paul R. [Signature] Date 1/12/26
 Plan Approved Not Approved Date 1/28/26

By [Signature] Columbia CPHU

Notes: _____