



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

PERMIT NO. 25-0578
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Jack Logan EMAIL: aandbconstruction

AGENT: A&B Construction inc146@gmail.com
TELEPHONE: 386-497-2311

MAILING ADDRESS: 546 SW Dortch St, Ft. White, FL. 32038

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: NA BLOCK: NA SUBDIVISION: Eagle's View PLATTED: _____

PROPERTY ID #: 11-4S-17-08320-102 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE 5.25 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 572 SE Nature DR, Lake City, FL.

DIRECTIONS TO PROPERTY: TL onto E Duval St, TR onto SR 100E, TR onto SE CR 245, TL onto SE Nature DR

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	Workshop	0	75x45	Bathroom 6.9 1/2 x 5.9 1/2
2			3415	
3				
4				

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

SIGNATURE: William P. Bishop II DATE: 6-17-25

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0518

Logan

PART II - SITEPLAN

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

See Attached

Notes: _____

Site Plan submitted by: William D. Bishop II master contractor
Plan Approved Not Approved _____ Date 6/20/25
By [Signature] Columbia County Health Department

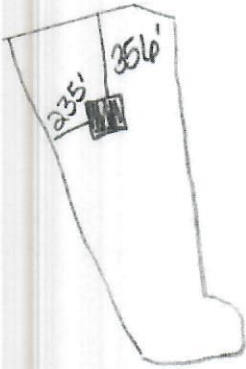
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

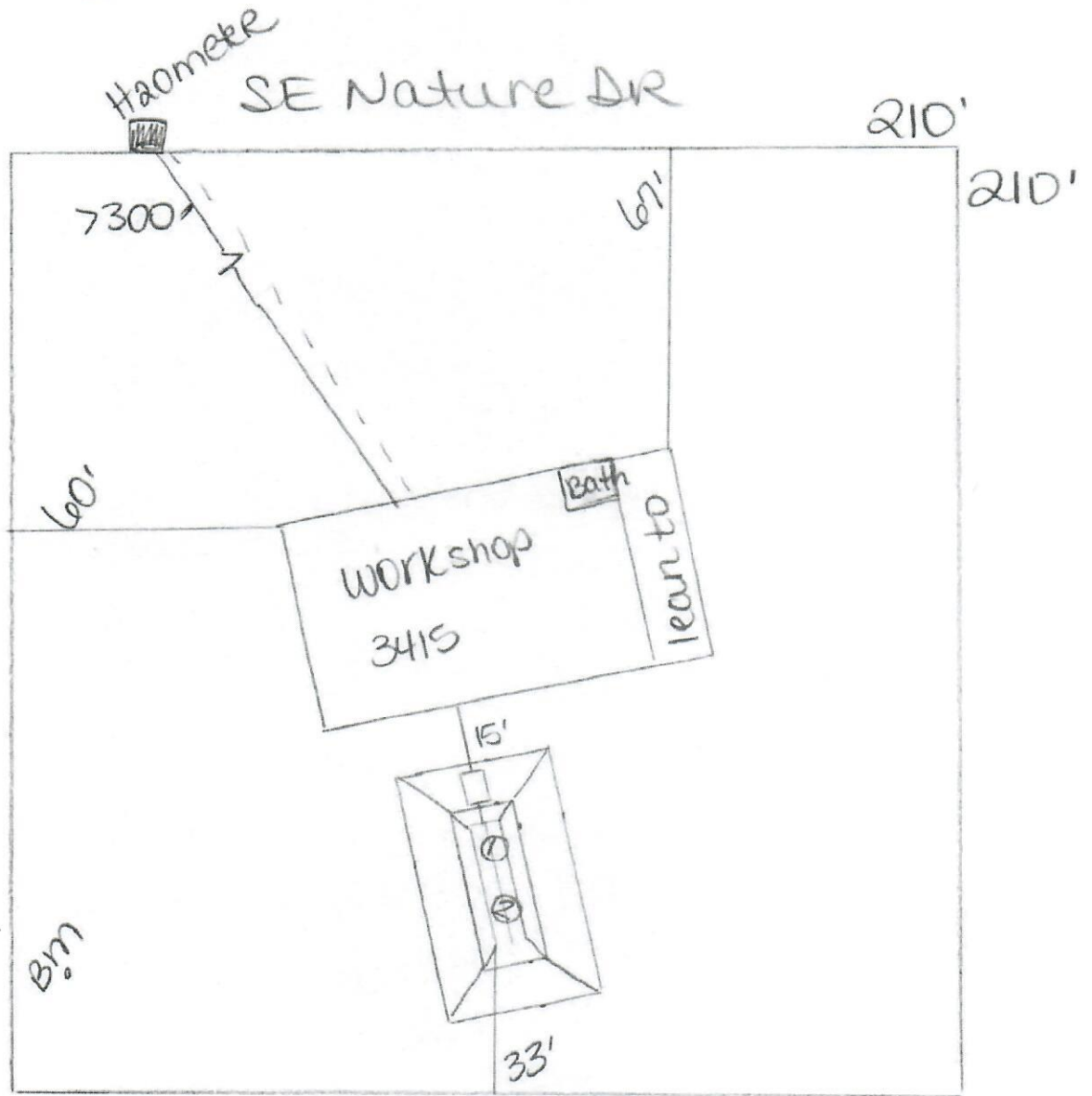
Incorporated 02-0.004.F.A.C.

↑ N

25-0518 Logan
1 in = 40 ft.
6-17-25



1 acre of 5.25



William D. Bishop II



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

APPROVED
A+A 7/2/25

PERMIT #: 12-SC-3150580
APPLICATION #: AP2226151
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2282093

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JACK**25-0518 LOGAN
PROPERTY ADDRESS: 572 SE NATURE Est Lake City, FL 32055
LOT: TRACT 2 BLOCK: _____ SUBDIVISION: EAGLES VIEW
PROPERTY ID #: 08320-102 [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 [250] 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 in oak W of site

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] ABOVE / [BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [5.00] [INCHES] FT [] ABOVE / [BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [25.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of
T 100 gpd.
H
E
R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

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

DATE ISSUED: 06/30/2025 EXPIRATION DATE: 12/30/2026

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

KR