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

PERMIT NO. 26-0395
DATE PAID: 5/12/26
FEE PAID: 310.00
RECEIPT #: 2305128

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[V] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ]

APPLICANT: Zachary Harmon

AGENT: ROBERT FORD III-NORTH FLORIDA SEPTIC TANK INC EMAIL: NFLSEPTICTANK@COMCAST.NET

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025 TELEPHONE: 386-755-6372

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

LOT: — BLOCK: — SUBDIVISION: — OSTDS REMEDIATION PLAN? [Y / N]

PROPERTY ID #: 24-4S-17-08128-028 PLATTED: ____

PROPERTY SIZE: 2.01 ACRES ZONING: ____ I/M OR EQUIVALENT: [Y / N]

WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: TBD SE Stiles Way, Ln, Lake City FL 32025

DIRECTIONS TO PROPERTY: ____

BUILDING INFORMATION [V] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	MH	4	1813	
2				
3				
4				

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

SIGNATURE: [signature] DATE: 5-11-2026

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

1"=40'

Permit Application Number 26-0395

PART II - SITEPLAN Harman

See Att.

Notes:

Site Plan submitted by: Robert Ford PE 5-11-2026

Plan Approved ✓ Not Approved

By Columbia County Health Department Date 5/18/26

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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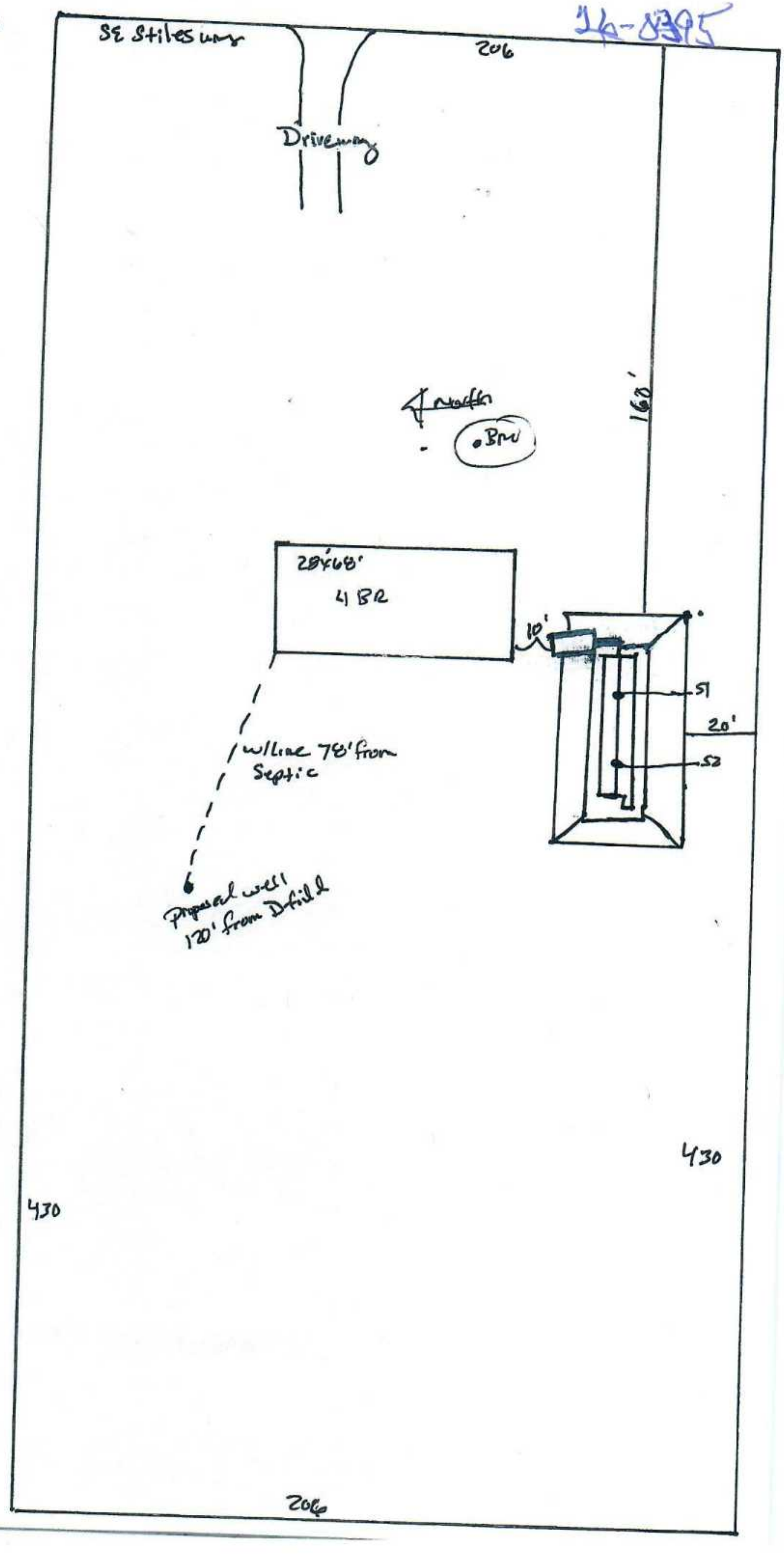
1" = 40'   Harmon Job
9-14-2026



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

E-MAILED NES 5/19/26

PERMIT #: 12-SC-4102605
APPLICATION #: AP2305128
DATE PAID:
FEE PAID:
RECEIPT #:
DOCUMENT #: PR2384903

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: ZACHARY*26-0395 HARMON

PROPERTY ADDRESS: SE STILES Way Lake City, FL 32025

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 08728-028 [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 [500] GALLONS / GPD Aerobic Treatment Unit 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: Small oak tree NE of site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [6.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [36.00] INCHES EXCAVATION REQUIRED: [18.00] INCHES

O T H E R

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.

System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation. Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final system approval.

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

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

DATE ISSUED: 05/18/2026 EXPIRATION DATE: 11/18/2027

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v 1.1.4 AP2305128 SE2264245