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

PERMIT NO. 26-0590
DATE PAID: 6/26/26
FEE PAID: 310.00
RECEIPT #: 2317447

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Kelly Guerra EMAIL: will@pricesiteenterprise.com

AGENT: Oda Price TELEPHONE: 386-963-4298

MAILING ADDRESS: 3360 150th Place Lake City FL 32024

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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 19-4S-16-03063-011 ZONING: A3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.94 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: TBD Lukegret Ct Lake City FL 32024

DIRECTIONS TO PROPERTY: Head NE Hernando Ave (2) toward NE Hernando Ave (1) NE Hernando Ave (2) 1st Cross St onto US 90 (4) 2 lane turn FL-247 (5) SW CR 242 (6) on to Tall Pine Dr. destination on Right

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	Install DW MH	3	1483	proposed new
2				
3				
4				

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

SIGNATURE: _____ DATE: 6/23/26

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

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

PERMIT #: 12-SC-4114350
APPLICATION #: AP2312447
DATE PAID: 6.26.26
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR2391036

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: KELLY**26-0530 GUERRA

PROPERTY ADDRESS: LUKEGRET Ct Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 03063-011 [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 [400] GALLONS / GPD Aerobic 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 [282] 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 [8.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [32.00] [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 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 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: (Joshua) Kameron Keen TITLE: CEHP

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

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

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

v 1.1.4 AP2312447 SE2270021

962-0530

MAP OF SURVEY

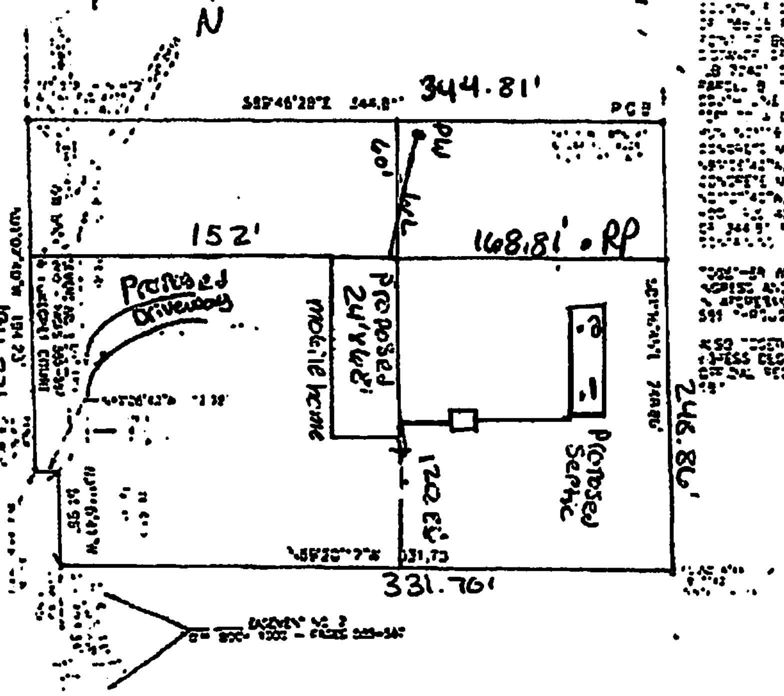
Alex & Kelly Guerra

Parcel # 19-45-16-03063-011

6/10/26

TBD SW Luke Gret Ct, Lake City FL 32024

Scale 1" = 80'



25-2064
6-17-26

E.C. CASTLEBERRY, P.L.S.

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

Permit Application Number: 26-0530

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

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

SEE Attached SITE PLAN

Notes: _____

Site Plan submitted by: _____

Plan Approved: ✓ Not Approved: _____ Date: 2/1/26

By _____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT