



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

PERMIT NO. 23-0578  
DATE PAID: 8/1/23  
FEE PAID: 320.00  
RECEIPT #: 1989661

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System  
☐ Repair

☐ Existing System  
☐ Abandonment

☐ Holding Tank  
☐ Temporary

☐ Innovative

APPLICANT: Brian Ruiz

AGENT: Kameron Keen

EMAIL: \_\_\_\_\_

MAILING ADDRESS: 474 NE 628th St. Old Town, FL 32680

TELEPHONE: 352-356-1333

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 / ☒ ]

PROPERTY ID #: 27-35-16-02345-023

ZONING: \_\_\_\_\_

I/M OR EQUIVALENT: ☒ [ Y / ☒ ]

PROPERTY SIZE: .87 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

SEWER AVAILABLE AS PER 381.0065, FS? ☒ [ Y / ☒ ]

PROPERTY ADDRESS: TBD NW Wilton Way Lake City FL 32055

DISTANCE TO SEWER: \_\_\_\_\_ FT

DIRECTIONS TO PROPERTY: Take us-90 W, @ NW Lake City Ave, @ NW Amanda St  
@ NW Wilton Way, Parcel on @

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 SFR-MH

3

1130

2

3

4

☐ Floor/Equipment Drains

☐ Other (Specify) \_\_\_\_\_

SIGNATURE: Kameron Keen

21-2064

DATE: 8/1/23

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-2763987  
APPLICATION #: AP1982661  
DATE PAID: 8/12/23  
FEE PAID: 310.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1983126

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: BRIAN\*\*23-0578 RUIZ  
PROPERTY ADDRESS: NW WILTON Lake City, FL 32055  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 02345-023 [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 [ ]

F LOCATION OF BENCHMARK: Nail with pink ribbon in tree W of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 22.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 52.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

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 Nitrogen-reducing system installed to comply with current or future spring BMAP requirements.  
H System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.  
E Nitrogen reducing NSF-245 certified aerobic treatment unit required. Maintenance contract and operating permitting also required.  
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

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

DATE ISSUED: 08/10/2023 EXPIRATION DATE: 02/10/2025

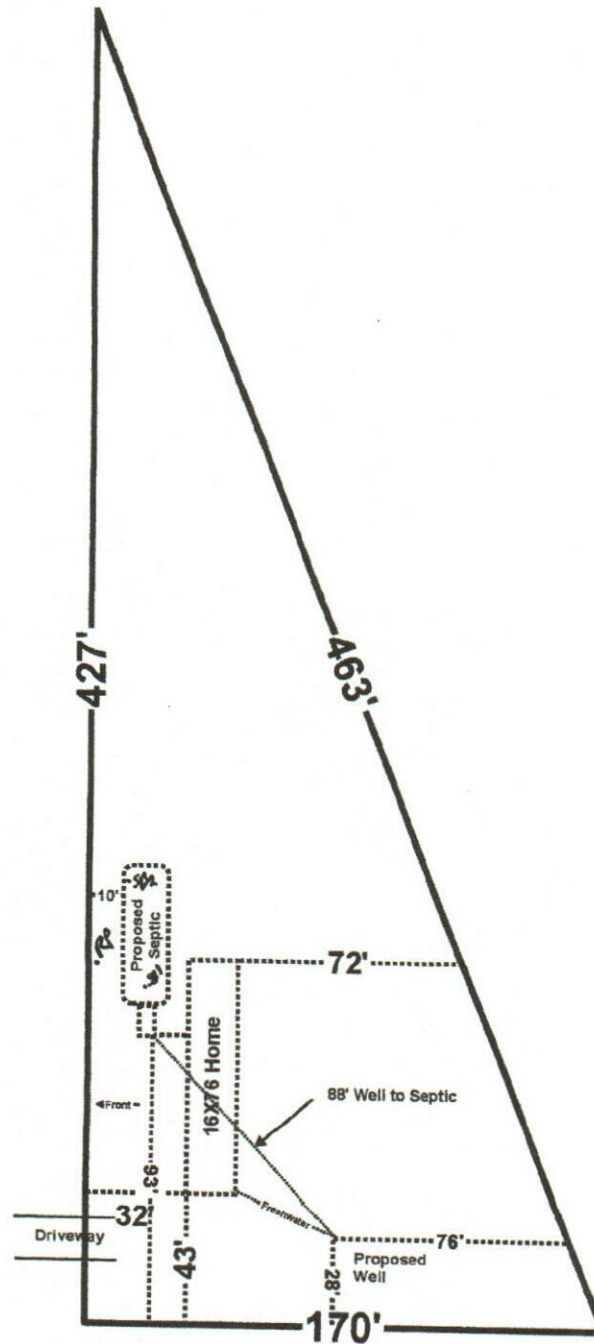
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

23-0578



NW Wilton Way



*[Signature]*

Brody Pack  
8/1/23

*Home can be  
21-2004  
P-323*

Brian Ruiz  
Parcel: 27-3S-16-02345-023

Scale 1" = 60'



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Applicant Number

23-0578

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

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

See Attached

Notes: \_\_\_\_\_

Site Plan submitted by:

H. Dean 21-2064

Plan Approved ☒

Not Approved ☐

Date 8-3-23

By

ES2

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: 62-6.004, F.A.C.