



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

CR # 24-00060

PERMIT NO. 24-0504
DATE PAID: 6/14/24
FEE PAID: 310.00
RECEIPT #: 2097558

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: SETH & ANGELICA SHAW

EMAIL: seth@christcentral.org

AGENT: PAUL LLOYD

TELEPHONE: (386) 288-9138

MAILING ADDRESS: 8893 SE CR 245

LAKE CITY

FL 32025

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: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 12-5S-17-09218-004 ZONING: AG I/M OR EQUIVALENT: ☐ NO ☒

PROPERTY SIZE: 12.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 8893 SE CR 245

DIRECTIONS TO PROPERTY: TAKE 441 SOUTH. TURN LEFT ON COUNTY ROAD 252. TURN RIGHT ON CR 245. SITE ON LEFT AFTER GABE RD.

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>4</u>	<u>2,240</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd

DATE: 8/15/24



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

PERMIT #: **12-SC-2930659**
APPLICATION #: **AP2097558**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2111202**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: SETH**24-0504 SHAW
PROPERTY ADDRESS: 8893 SE CR 245 Lake City, FL 32025
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 09218-004 [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 [1,050] GALLONS / GPD Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [300] GALLONS DOSING TANK CAPACITY [67.00] GALLONS @ [6] DOSES PER 24 HRS #Pumps [1]

D [500] SQUARE FEET _____ SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N

F LOCATION OF BENCHMARK: Nail in 4" Oak Tree East of System Site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [10.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [32.00] INCHES EXCAVATION REQUIRED: [] INCHES

O 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.

T Performing Lift Dosing.

E Pumps must be certified as suitable for distributing sewage effluent.

R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

APPROVED BY: Kyle B. Roberts TITLE: Environmental Manager Columbia CHD

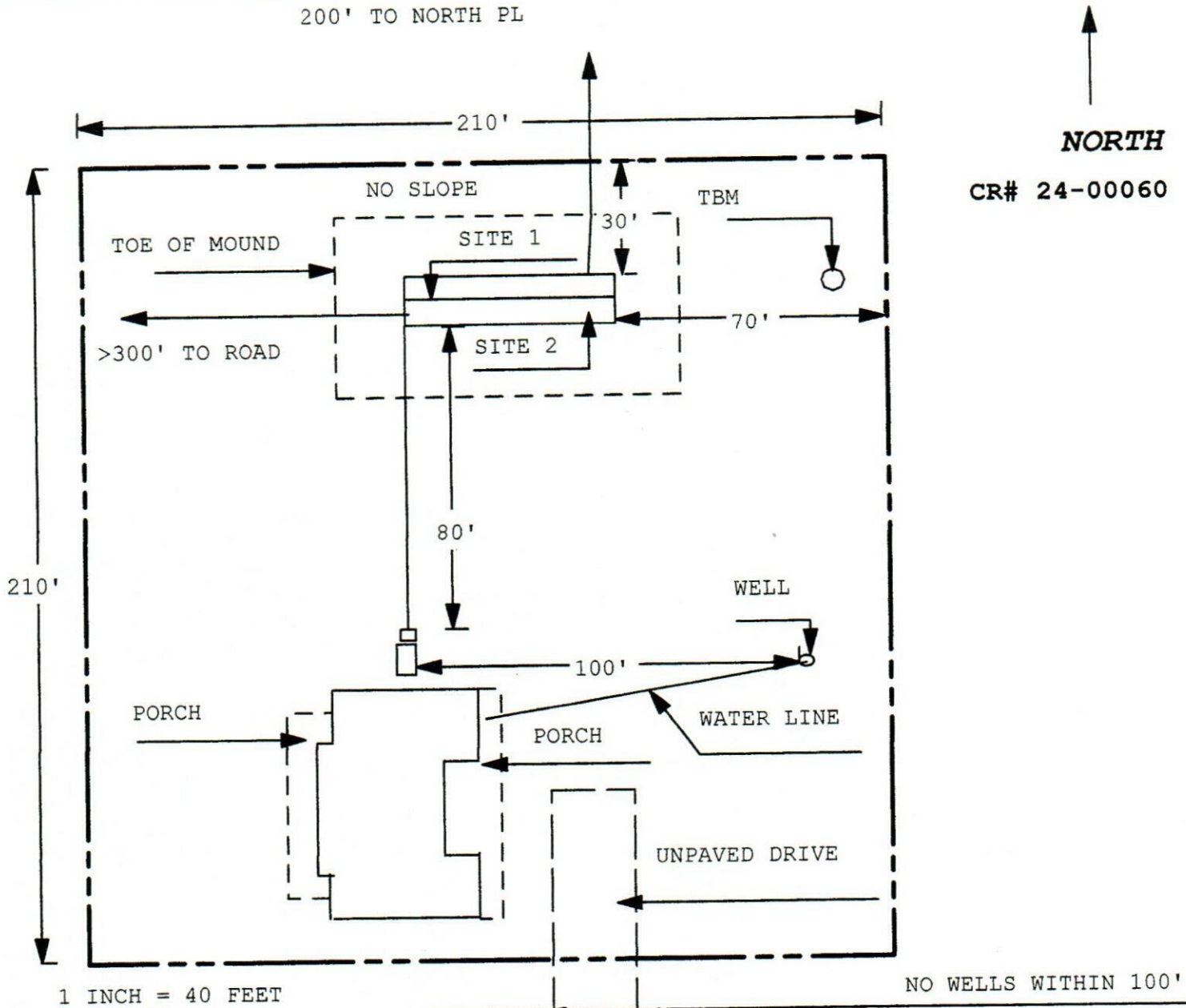
DATE ISSUED: 06/24/2024 EXPIRATION DATE: 12/24/2025

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

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 24-0504

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

200' TO NORTH PL



1 INCH = 40 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By Paul H. [Signature] Date 3/15/24
Plan Approved X Not Approved [Signature] Date 6/24/24
By Kyle [Signature] Columbia CPHU

Notes: _____