

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

PERMIT #: 12-SC-2628630

APPLICATION #: AP1930302

DATE PAID: 1/11/23

FEE PAID: 310.00

RECEIPT #:____

DOCUMENT #: PR1886134

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: MARTIN**23-0028 LEECH	
PROPERTY ADDRESS: SW MANDIBA Lake City, FL 32024	
LOT: 60 BLOCK: SUBDIVISION: OAKS of Lake City P2	1 1 1
PROPERTY ID #: 09280-160 [SECTION, TOWNSHIP, RANGE, PARC [OR TAX ID NUMBER]	EL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDAR 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS T [1,200] GALLONS / GPD	
I CONFIGURATION: [X] TRENCH [] BED []	
F LOCATION OF BENCHMARK: nail in oak s of site	
E BOTTOM OF DRAINFIELD TO BE [12.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE [42.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE	
FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES	
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated 460 gpd.	i flow of
SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor	
APPROVED BY: TITLE: Environmental Specialist I	Columbia CHD
Sean P Havens DATE ISSUED: 01/13/2023 EXPIRATION DATE:	07/13/2024
OH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

	APPLICATION FOR CONSTRUCTION P	oplication Number 23-0038
Le		
ale: Each block represer	nts 10 feet and 1 inch = 40 feet.	
	+++++++++++++++++++++++++++++++++++++++	
		A
	THE PART OF THE PA	
otes:		
		2
	114/-31	Macley Or at all
te Plan submitted by:	William Antistrop I	master contracto
an Approved	Not Approved	Date 1/17/23
y<	500 E52 (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.

M

23-0028 Leech lin=looft. 1-4-23

436 ó 130' DRIVE SW Mandela DR. . of

436:32

William D. Bishop II



Incorporated 62-6.004, FAC

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

PERMIT NO 3-0028
DATE PAID:
FEE PAID:
RECEIPT #: 1930300

Page 1 of 4

APPLICATION FOR CONSTRUCTION PERMIT		
APPLICATION FOR: [\(\) New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []		
APPLICANT: Martin & Alexandra Leech EMAIL: MCKy Forda		
AGENT: A&B CONSTRUCTION WINDSTREAM net TELEPHONE: 3810-497-231		
MAILING ADDRESS: BYLE SW DOVTCH 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: LOO BLOCK: NA SUBDIVISION: Oaks of Lake City PLATTED:		
PROPERTY ID #: 18-55-17-09280-160 ZONING: I/M OR EQUIVALENT: [Y /N]		
PROPERTY SIZE: 4.5 ACRES WATER SUPPLY: [PRIVATE PUBLIC [] <=2000GPD []>2000GPD		
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT		
PROPERTY ADDRESS: SW Mandiba DR, Lake City, FL		
DIRECTIONS TO PROPERTY: Tonto US-4418, TROMED SW		
Tustenuagge Ave, TR onto sw mandiba DR, prop.		
on the light (after address 1218 Sw mandiba Dr.)		
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL		
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC		
1 SF Residential 3 3398 (Living-2896SF+Bonus		
room-50asf)		
3		
4		
[] Floor/Equipment Drains [] Other (Specify)		
SIGNATURE: Willia O. Biologo DATE: 1-4-23		
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)		