



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

E-M
SUMMIT 4/15/15

PERMIT #: 12-SC-3098091
APPLICATION #: AP2202850
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2239285

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: WESLEY**25-0316 BRINKLEY
PROPERTY ADDRESS: 9515 N US HWY 441 Lake City, FL 32055
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 04693-000 [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 [900] GALLONS / GPD New Multi-Chambered Sentic 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 [250] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Stake w/ pink ribbon W of site

I ELEVATION OF PROPOSED SYSTEM SITE [19.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [12.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [25.00] INCHES EXCAVATION REQUIRED: [] INCHES

The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.

All top soil, organic layer needs to be removed underneath mounded system. This could include the original grade.

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist I
APPROVED BY: Kyle B Roberts TITLE: Environmental Manager
DATE ISSUED: 04/10/2025
EXPIRATION DATE: 10/10/2026
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC
v 1.1.4 AP2202850 SE2130292
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NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the agency clerk is 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. The Agency Clerk's email is agency_clerk@FloridaDEP.gov.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Environmental Protection and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

SSD 094504675



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0216
DATE PAID: 4/4/25
FEE PAID: 425.00
RECEIPT #: 2202850

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Wesley Brinkley Firehouse EMAIL: Taylorbrinkley14@yahoo.com

AGENT: _____ TELEPHONE: 886-984-8258

MAILING ADDRESS: 9517 N US HWY 441 Lake City FL 32055

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 08-25-17-04693-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 7.6 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 9515 N US HWY 441 Lake City FL 32055

DIRECTIONS TO PROPERTY: _____

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	<u>Mobile Home</u>	<u>2</u>	<u>710</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: T. Firehouse DATE: 4/4/25

220 00000000



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF WATER MANAGEMENT
SYSTEM (000000)

PROJECT NO. 1000000000
DATE 10/10/00
BY 1000000000
REVISION 1000000000

INVESTIGATION OF THE COUNTY OF FLORIDA

ASSOCIATION FOR
THE SYSTEM
REPORT

1000000000

INVESTIGATION

PROJECT NO. 1000000000
DATE 10/10/00
BY 1000000000
REVISION 1000000000

INVESTIGATION OF THE COUNTY OF FLORIDA
ASSOCIATION FOR THE SYSTEM
REPORT

PROJECT NO. 1000000000
DATE 10/10/00
BY 1000000000
REVISION 1000000000

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ASSOCIATION FOR THE SYSTEM
REPORT

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DATE 10/10/00
BY 1000000000
REVISION 1000000000

Permit Application Number 25-0314

Permit Application Number 05-0314

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



Plan Approved

Not Approved

Date 4/10/25

County Health Department

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

