

Incorporated 62-6.004, FAC

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

PERMIT NO. 25 0147
DATE PAID: 2100
FEE PAID: 2100
RECEIPT #: 2100

Page 1 of 4

APPLICATION	FOR	CONSTRUCTION	PERMIT
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I DOV TAX MERCIN	ERMIT
APPLICATION FOR: New System []	Existing System [] Holding Tank [] Innovative
	Existing System [] Holding Tank [] Innovative Abandonment [] Temporary []
APPLICANT: LATAVIOII	S & Thaula Milling and harreturn
	thiction include amail. com
MAILING ADDRESS: 540	SW Dortch St, Ft. White, FL. 32038
	51. 5 ac 38
APPLICANT'S RESPONSIBILITY	NT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED ANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR ESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION	OSTDS REMEDIATION PLAN? [Y / N]
LOT: BLOCK: B	SUBDIVISION: Country Lane Estates
PROPERTY ID #:27-25-16	
property size: 2.5 acres	WATER SUPPLY: [PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD
IS SEWER AVAILABLE AS PER 3	81.0065, FS? [Y/N] DISTANCE TO SEWER:M FT
PROPERTY ADDRESS: 430	NW Mule Way, Lake City FL.
DIRECTIONS TO PROPERTY. T	R TO to 112 11 The Tark City
COLL CLO IS SI	R onto US-41N, TL onto NW
bungin St,	IL onto NW muie Way.
	O
BUILDING INFORMATION	[] COMMERCIAL
Unit Type of No Establishment	No. of Building Commercial/Institutional System Design Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1 (50	3 0000
2	3 2287
3	
4	
[] Floor/Equipment Drains	() Other (Specify)
SIGNATURE: William	DATE: 2-12-25
DEP 4015, 06-21-2022 (Obsole	tes previous editions which may not be used)



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

PERMIT #: 12-SC-3082436

APPLICATION #: AP2193405

DATE PAID: _____

FEE PAID: RECEIPT #:___

a god must be received by me Aponcy Claricust the	DOCUMENT #: PR2220729
CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: LAFARIOUS**25-0147 MULLINS	
PROPERTY ADDRESS: 430 NW MULE Lake City, FL 32055	risks the recipion of the sales
SUBDIVISION: Country La	
	N, TOWNSHIP, RANGE, PARCEL NUMBER] ID NUMBER]
381 0065 F.C. AND CHARMED CAR C	REQUIRE THE APPLICANT TO MODIFY THE IS PERMIT BEING MADE NULL AND VOID. FROM COMPLIANCE WITH OTHER PERPARA
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] GALLONS / GPD New Multi-Chambered Septic CAPAC A [] GALLONS / GPD N/A CAPAC N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACI K [] GALLONS DOSING TANK CAPACITY []GALLONS @ D [500] SQUARE FEET Drainfield SYSTEM R [] SQUARE FEET N/A SYSTEM A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND I CONFIGURATION: [X] TRENCH [] BED []	ITY TY SINGLE TANK:1250 GALLONS]
N	
F LOCATION OF BENCHMARK: Nail in oak S of site	
E BOTTOM OF DRAINFIELD TO BE [4.00] [INCHES / FT] [AF	BOVE BELOW BENCHMARK/REFERENCE POINT BOVE BELOW BENCHMARK/REFERENCE POINT
D FILL REQUIRED: [34.00] INCHES EXCAVATION REQUIRED: [] INCHES
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per 400 gpd.	r bedroom), for a total estimated flow of
H	
E R	
SPECIFICATIONS BY: William D Bishop II TITLE: Ma	
	ster Septic Contractor
Sean P Havens	CHD CHD
DATE ISSUED: 02/20/2025	EXPIRATION DATE: 08/20/2026
DEP 4015, $06-21-2022$ (Obsoletes previous editions which may not be Incorporated $62-6.004$, FAC	used) Page 1 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

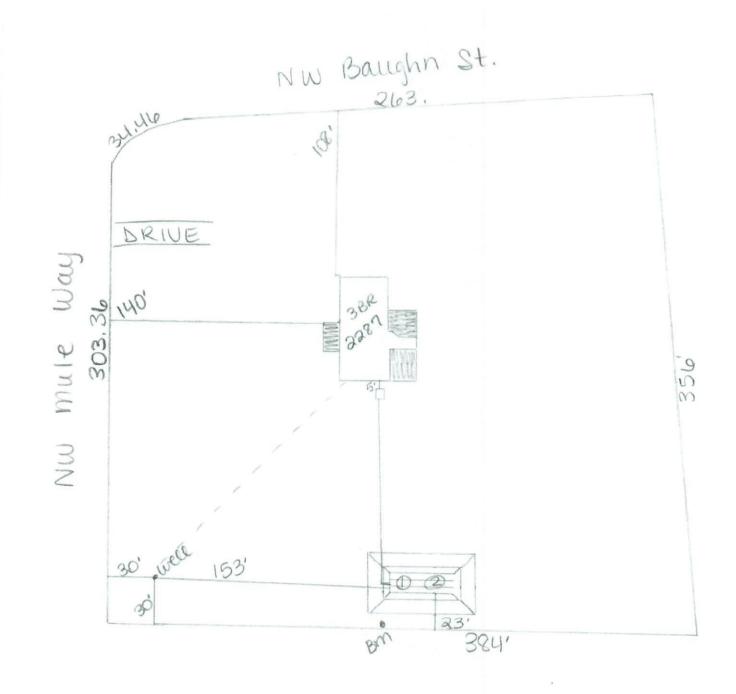
Mullin	S PART II - SITEPLAN	Permit Application Number_	
Scale: Each block represents 10	feet and 1 inch = 40 feet.		,
	M HEAL		
	MACH	UCA	
Notes:			
Site Plan submitted by:	Willia A. Bishop IF	Mas	tercontractor
Plan Approved	Not Approved		
Ву) Tot Approved	// / /:	Date 2/,9/25 County Health Department
ALL CHANGE	ANIOT DE AMONDO.		, and a special title of the

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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M

25-0147 Mullins lin=60ft. 2-12-25



Willia D. Bishop II