



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

PERMIT NO. 25-1714
DATE PAID: 9/18/25
FEE PAID: 310.00
RECEIPT #: 2247742

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Shale Gilyard

EMAIL: KeenPermitting@gmail.com

AGENT: Kristopher Keen

TELEPHONE: (352) 356-7220

MAILING ADDRESS: 768 NE 143 Ave. Old Town FL 32680

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: 110 BLOCK: SUBDIVISION: Daisy Estates PLATTED:

PROPERTY ID #: 25-55-15-00478-110 ZONING: I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 780 SW Ford Ln Lake City

DIRECTIONS TO PROPERTY: GPS is Accurate

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>SFR</u>	<u>4</u>	<u>2027</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: K. Keen 23-2940

DATE: 9/8/25



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

PERMIT #: **12-SC-4000842**
APPLICATION #: **AP2247762**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2321907**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: SHALA**25-0714 GILYARD
PROPERTY ADDRESS: 780 SW FORD Ln Lake City, FL 32024
LOT: 5 BLOCK: 10 SUBDIVISION: DAISY EST UNREC
PROPERTY ID #: 04169-105 [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 Tank 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 [500] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Nail w/ pink ribbon in oak SE. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [30.00] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [60.00] [INCHES] FT [] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] 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
H
E
R

SPECIFICATIONS BY: Kristopher L. Keen

TITLE: CEHP 23-2940

APPROVED BY: _____

Dustin W Jones

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 09/12/2025

EXPIRATION DATE: 03/12/2027

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

KN