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

PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:

550 325 202 240

PPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR CONSTRUCT	
APPLICATION FOR: New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []	6
APPLICANT: Paula James APPLICANT: Paula James AGENT: Sorya North 863517-570 (TELEPHONE: 703.994.1759) AGENT: TONGO PERMITTING	20
AGENT: Sorup North 863517-570 (TELEPHONE: 100-419-27-31	
MAILING ADDRESS: 1014 Victory Cake Dr Jackson Vice	
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 BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OF THE DATE THE LOT WAS CREATED OR 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.	
OSTDS REMEDIATION PLAN? [Y / N]	
LOT: BLOCK: SUBDIVISION: PLATTED:	
11-20 (S-DO) SO ZONING: I/M OR EQUIVALENT: [Y/N]	
PROPERTY ID #: 11-53-15-50-50-50-50-50-50-50-50-50-50-50-50-50	
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y /N] DISTANCE TO SEWER:FT	٥
TO AS NW MALD, AF FRAFRIC WILL THE	
10 + (n+0 1)(1) (500 (m) ()(1/15 12 (0) 10	
Lon Union Park Bd, property on L	
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL	
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC	
1 mobile Hone 3 1232	
2	
3	
0 110 11 11	
[] Floor/Equipment Drains [] Other (Specify) DATE: 1004/33	19
SIGNATURE:	
DED 4015 06-21-2022 (Obsoletes previous editions which may not be used)	

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

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Incorporated: 62-0.004, F.A.C.



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

PERMIT #: 12-SC-2807239

APPLICATION #: AP2007385

DATE PAID: 10/24/23

FEE PAID: 475.00

RECEIPT #:____

DOCUMENT #: PR2031120

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: PAULA**23-0742 JAMES
PROPERTY ADDRESS: 598 NW AUDREY FRANK Ct Wellborn, FL 32094
LOT: BLOCK: SUBDIVISION:
PROPERTY ID #: 00156-000 [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.
T [900] GALLONS / GPD Septic Tank CAPACITY A [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS] K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps [] D [375] SQUARE FEET Drainfield SYSTEM R [0] SQUARE FEET N/A SYSTEM A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND [] T CONFIGURATION: [x] TRENCH [] BED [] N F LOCATION OF BENCHMARK: Nail in LG cak w/ green tape by driveway. I ELEVATION OF PROPOSED SYSTEM SITE [36.00] [INCHES] FT] [ABOVE BELOW] BENCHMARK/REFERENCE POINT E BOTTOM OF DRAINFIELD TO BE [58.00] [INCHES] FT] [ABOVE BELOW] BENCHMARK/REFERENCE POINT L FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.
SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II
APPROVED BY: TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: Dustin W Jones EXPIRATION DATE: 05/28/2025
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC Page 1 of 3

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