



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

PERMIT NO. 24-0410
DATE PAID: 2/11/24
FEE PAID: 175.00
RECEIPT #: 207214

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: Repair
☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: 2911 Properties LLC EMAIL: _____
AGENT: Wheeler Septic Services TELEPHONE: (386)-249-5179
MAILING ADDRESS: 604 Irvin Ave SW Live Oak 32064

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: 3 BLOCK: _____ SUBDIVISION: Turner Estates PLATTED: _____

PROPERTY ID #: 27-39-16-02324-103 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: .55 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☒ $> 2000\text{GPD}$

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

PROPERTY ADDRESS: NW Amanda St. Lake City 32055

DIRECTIONS TO PROPERTY: Take 90 W, TR on Turner Ave, TR on Amanda, property on L

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>New SFR-MH</u>	<u>4</u>	<u>1525</u>	<div>RECEIVED</div> <div>MAY 20 2024</div> <div>By _____</div>
2	<u>Exst. SFR-MH</u>	<u>3</u>	<u>1185</u>	
3	_____	_____	_____	
4	_____	_____	_____	

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Ron Wheeler DATE: 5-9-24

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



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

PERMIT #: **12-SC-2902691**
APPLICATION #: **AP2072161**
DATE PAID: **5/21/24**
FEE PAID: **145.00**
RECEIPT #:
DOCUMENT #: **PR2085138**

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: 2911 **24-0410 PROPERTIES LLC
PROPERTY ADDRESS: NW AMANDA Lake City, FL 32055
LOT: 3 BLOCK: SUBDIVISION: Turner Est Unrec
PROPERTY ID #: 02324-103 [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 New Multi-Chambered Septic CAPACITY
A [0] GALLONS / GPD CAPACITY
N [0] 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 [0] SQUARE FEET SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail with orange ribbon in magnolia near site

I ELEVATION OF PROPOSED SYSTEM SITE [25.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [55.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] 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 Abandon tank on property at time of inspection
H
E
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 05/23/2024 EXPIRATION DATE: 08/21/2024

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
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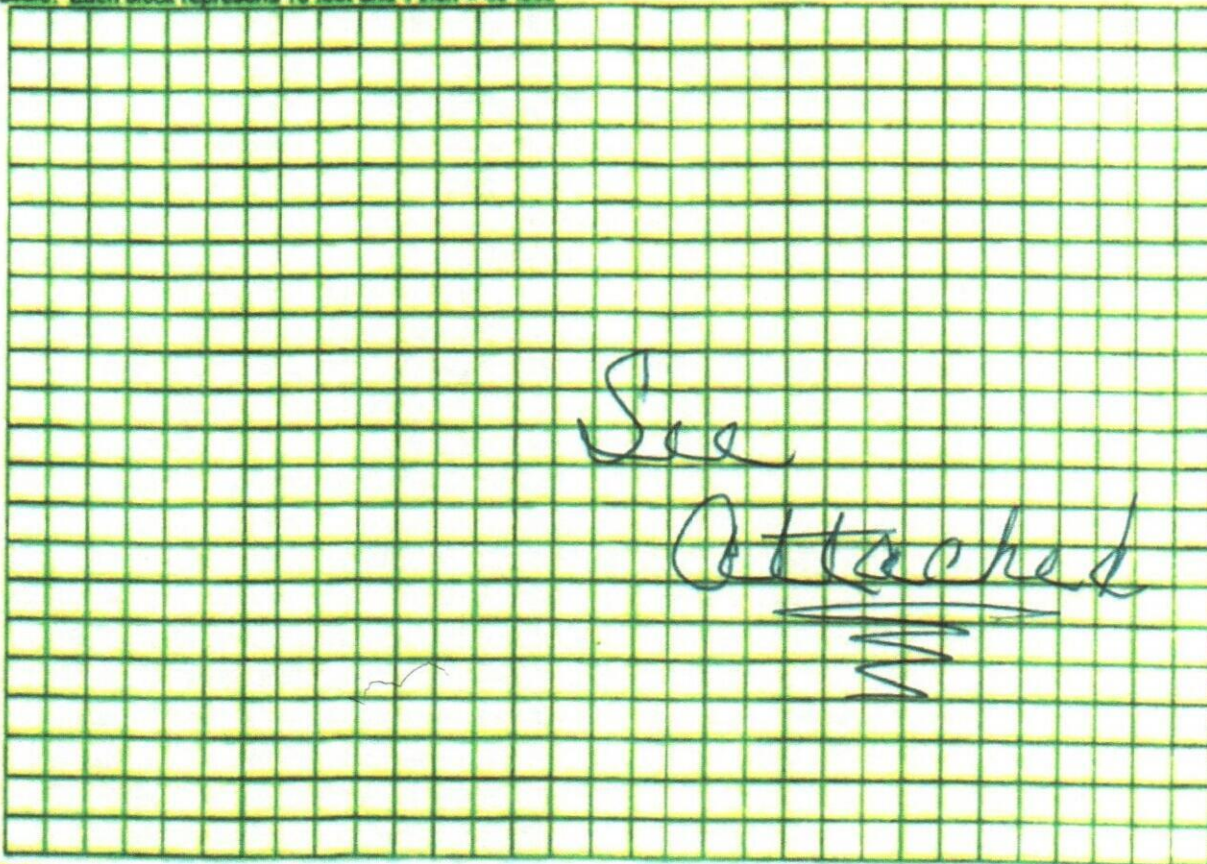
KR

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 04-0410

..... PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by H. Keen

Plan Approved [Signature]

Not Approved _____

Date 5/23/24

By _____

ES2

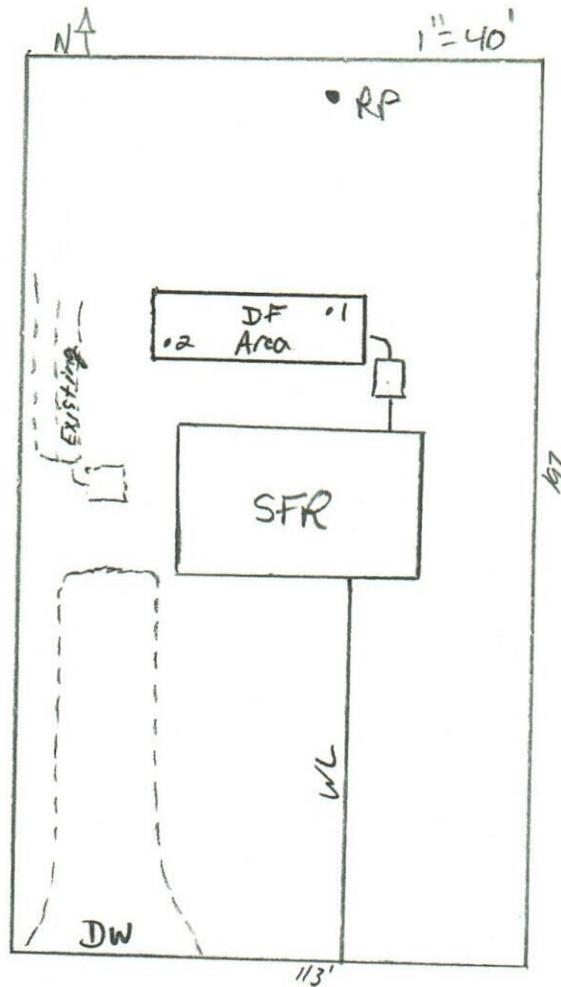
Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

2911 Properties
NW Amanda
Lot 3 Turner Est.
Lake City

24-0410



* New SFR in same location
as previous *

Ryan Wheeler
5221

Samuel Keen
23-2064
5-9-24