



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

PERMIT #: 12-SC-3038767

APPLICATION #: AP2168381

DATE PAID: _____

FEES PAID: _____

RECEIPT #: _____

DOCUMENT #: PR2198868

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: VIKKI**24-0860 ARGANBRIGHT

PROPERTY ADDRESS: 247 SW CLOVER Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 00401-023 [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 Septic CAPACITY
A [1 GALLONS / GPD N/A CAPACITY
N [1 GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [1 GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [250] SQUARE FEET SYSTEM
R [1 SQUARE FEET N/A SYSTEM

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

F LOCATION OF BENCHMARK: Nail in forked cherry tree west of system site.

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [] INCHES [] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [22.00] [] INCHES [] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [20.00] INCHES EXCAVATION REQUIRED: [] INCHES

O 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.

T 60' of hard pipe to the drainfield.

H

E

R

SPECIFICATIONS BY: Paul Lloyd

TITLE: _____

APPROVED BY: Kyle B Roberts

TITLE: Environmental Manager

Columbia CHD

DATE ISSUED: 12/09/2024

EXPIRATION DATE: 06/09/2026

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

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

CR # 24-00347

PERMIT NO. 24-0840
DATE PAID: 11/22/24
FEE PAID: 310.00
RECEIPT #: 2148381

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: VIKKI ARGANBRIGHT

EMAIL: office@howardseptic.com

AGENT: HOWARD SEPTIC

TELEPHONE: (386) 935-1518

MAILING ADDRESS: PO BOX 180

BRANFORD FL 32008

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 26-4S-15-00401-023 ZONING: AG I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 10.030 ACRES WATER SUPPLY: PRIVATE PUBLIC []<=2000GPD []>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 247 CLOVER GLN. LAKE CITY

DIRECTIONS TO PROPERTY: TAKE US 90 WEST. TURN LEFT SR 247. TURN RIGHT ON CR 242. TURN LEFT ON CYPRESS LAKE RD. TURN LEFT ON CLOVER GLENN. AT END TURN LEFT AND FOLLOW DRIVE AROUND TO SITE.

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

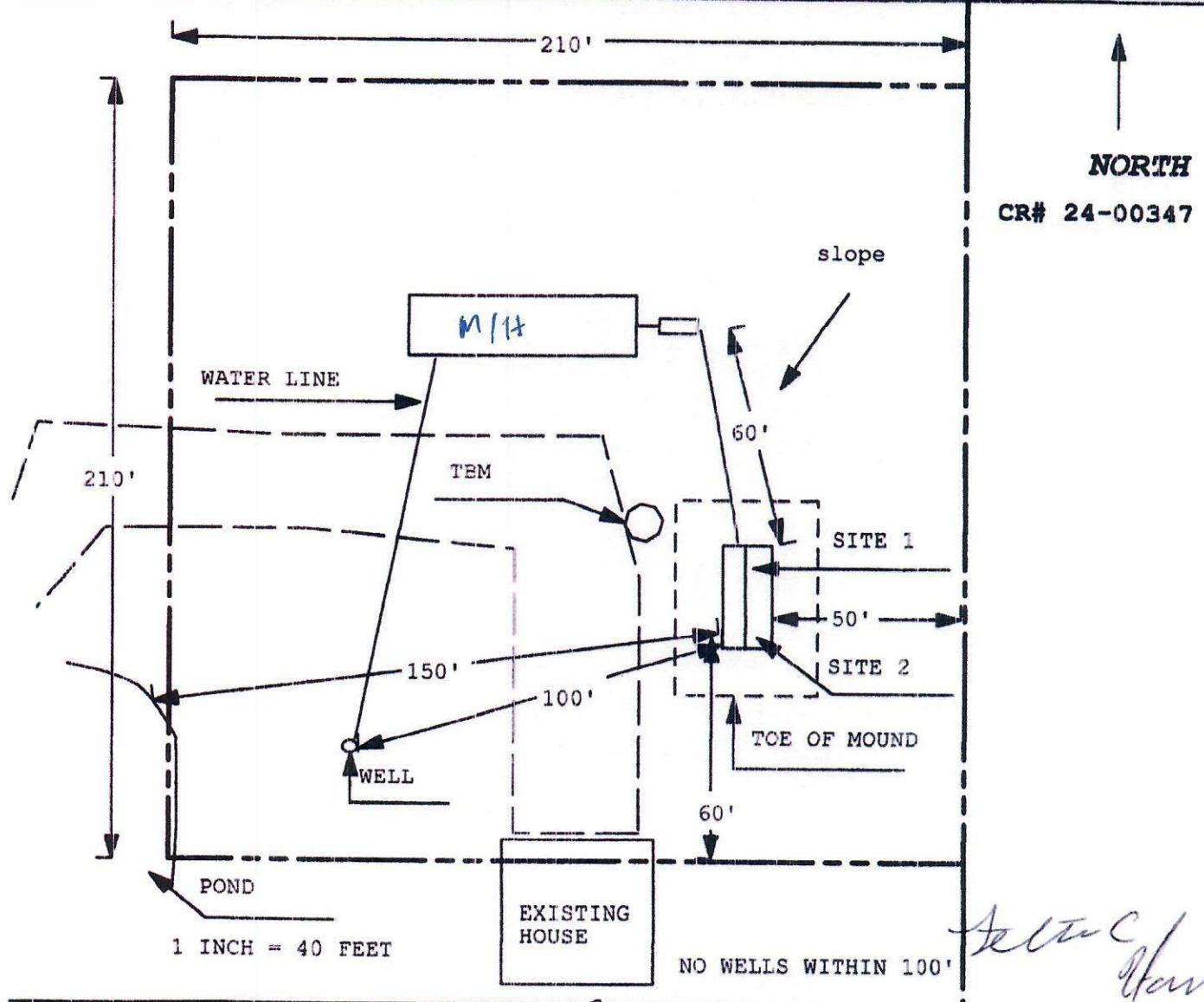
Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	<u>MOBILE HOME</u>	<u>2</u>	<u>830</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: Debra C Howard DATE: 11/20/24

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 24-0860

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul Lloyd Date 1/19/24
Plan Approved Not Approved Date 12/19/12

By John W. S. Columbus CPHU

Notes: