

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

PERMIT #: 12-SC-2888679

APPLICATION #: AP2062748

DATE PAID: 4.9.24

FEE PAID: 3/0.00

RECEIPT #:__

DOCUMENT #: PR2076272

COTTO N	
CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: B SIMPLE**24-0301 INVESTMENT	
PROPERTY ADDRESS: 8436 SW SR 47 Lake City, FL 32024	
LOT: 37 BLOCK: A SUBDIVISION: Columbia Estates	
PROPERTY ID #: 03529-137 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	EL NUMBER]
SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT	NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] GALLONS / GPDSeptic tank CAPACITY	
A [] GALLONS / GPD N/A CAPACITY	
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLO	ONS]
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 with pink ribbon in oak near site	
I ELEVATION OF PROPOSED SYSTEM SITE [8.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE	FERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [22.00] [INCHES FT] [ABOVE BELOW BENCHMARK/RE	FERENCE POINT
L	
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES	
The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated 400 gpd.	d flow of
T T	
H	
E	
R	
SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP	
APPROVED BY: Sallie A Ford TITLE: Environmental Health Director	Columbia CHD
DATE ISSUED: 04/09/2024 EXPIRATION DATE:	10/09/2025
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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)

PERMIT NO. 24-0301
DATE PAID: 4-0301
FEE PAID: 510.008
RECEIPT #: 500.0718

APPLICATION FOR CONSTRUCTION PERMIT
APPLICATION FOR:
[New System [] Existing System [] Holding Tank
[New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: B SImple Investment EMAIL:
AGENT: Kameron Keen TELEPHONE: 352-356-1333
AGENT: Nameron Keen Telephone: 352-356-1333
MAILING ADDRESS: 474 NE 628th St. Old Town, FL 32680
TO DE COMPLETED DE LA COMPLETE DE LA
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.
DRODERMY TWODYS THE
OSTDS REMEDIATION PLAN? [Y/N
LOT: 37 BLOCK: A SUBDIVISION: Columbia Est. PLATTED:
PROPERTY ID #: 10-55-16-03529-137 ZONING: I/M OR EQUIVALENT: [Y /67] PROPERTY SIZE: 1.03 ACRES WATER SUPPLY: [Q] PRIVATE PUBLIC []<=2000GPD []>2000GPD IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / 87] DISTANCE TO SEWER: FT PROPERTY ADDRESS: 8436 SW SR-47 Lake City 32024 DIRECTIONS TO PROPERTY: Take 47 S, Property on R.
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Trails Book and
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1
2 SFR-MH 4 1580
3
4
Floor/Equipment Drains [] Other (Specify)
1/

23-2064

DATE:

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Incorporated 62-6.004, FAC

_.IGNATURE:

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet Site Plan submitted by J. Acer Plan Approved, County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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