

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

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

APPLICATION FOR CONSTRUCTION PERMIT

| APPLICATION FOR: [] New System [] Repair [| Existing Sys | tem [] | Holding Tank [Temporary [|] Innovative x] MOD |
|---|--------------------|-------------------------------|--|------------------------------|
| APPLICANT: WILLIAI | M HOLLAND | | EMATI. | FLSEPTICTANK@COMCAST.NET |
| AGENT: ROBERT FORD | III- NORTH FLORI | DA SEPIT CTA | NK INC TELEPHONI | 386-755-6372 |
| MAILING ADDRESS: 741 | SE STATE ROA | D 100, LAKE | CITY FL 32025 | |
| TO BE COMPLETED BY APP BY A PERSON LICENSED P APPLICANT'S RESPONSIBI PLATTED (MM/DD/YY) IF | URSUANT TO 489.10 | 5(3)(m) OR 48 OCUMENTATION | 9.552, FLORIDA STAT | TUTES. IT IS THE |
| PROPERTY INFORMATION | | | OSTDS REMEDIAT | TION PLAN? [Y/N] |
| LOT: 8 BLOCK: | SUBDIVISION: | EBENEE | ZER HAVEN | PLATTED: 1995 |
| PROPERTY ID #: 31-4S- | 18-10519-108 | ZONING: | MH I/M OR EQUI | IVALENT: [Y/N] |
| PROPERTY SIZE: 1.05 A | CRES WATER SUPPL | Y: [×] PRIVA | TE PUBLIC []<=20 | 00GPD [1>2000GPD |
| IS SEWER AVAILABLE AS PROPERTY ADDRESS: 127 | PER 381.0065, FS? | [Y/W] | DISTANCE T | |
| DIRECTIONS TO PROPERTY | | | | |
| BUILDING INFORMATION | [x] RESI | DENTIAL | [] COMMERCIAL | |
| Unit Type of No. Establishment | No. of Bedrooms | Building Co | ommercial/Instituti able I, Chapter 62- | onal System Design 6, FAC |
| 1 MH OLD | 3 | 792 | | |
| ₂ MH NEW | 4 | 1820 | | |
| 3 | | | | |
| 4 | | | | |
| | | | | |
| SIGNATURE: Holo | SOUR | | DATE: | 2-12-2024 |

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

Incorporated 62-6.004, FAC

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

| APPLICATION FOR CONSTRUCTION PERMIT | | |
|---|---|--|
| Permit Application Number 04-0137 PART II - SITEPLAN HOLLOW | - | |

See Add.

| Site Plan submitted by: | Poobert Ford 99 | 212-2024 | | | |
|-------------------------|-----------------|---------------|---|--------|-------------------|
| Plan Approyed | 2 | Not Approved_ | | Date_ | Elkely |
| Ву | 1 | | w | County | Health Department |

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated: 62-6.004, F.A.C.

Hoven C+. D-WAY north > SE Ebenezer Rd well to septic 14 1 60'2 BEK Jen 28 x 74' (BA) S.

Holland Job 11440' Robowade 2-12-2024

24-0134



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

| PERMIT #: 12-30-2050320 |
|--------------------------|
| APPLICATION #: AP2039674 |
| DATE PAID: |
| FEE PAID: |
| RECEIPT #: |

DOCUMENT #: PR2045520

| CONSTRUCTION PERMIT | FOR: OSTDS Existing | Modification | | |
|--|--|--|--|---|
| APPLICANT: WILLIAM | **24-0134 HOLLAND | | | |
| PROPERTY ADDRESS: | 127 SE HAVEN Lake 0 | City, FL 32025 | | |
| LOT: <u>83</u> | BLOCK: | SUBDIVISION: | Ebeneezer Haven | |
| PROPERTY ID #: 105 | 519-108 | | [SECTION, TOWNSHIP, RANGE, PARC [OR TAX ID NUMBER] | EL NUMBER] |
| SATISFACTORY PERFO WHICH SERVED AS PERMIT APPLICATION ISSUANCE OF THIS | ND CHAPTER 64E-6, RMANCE FOR ANY SP A BASIS FOR ISSUA . SUCH MODIFICATIO | ECIFIC PERIOD NCE OF THIS ONS MAY RESUL! EXEMPT THE A | RIMENT APPROVAL OF SYSTEM DOE OF TIME. ANY CHANGE IN PERMIT, REQUIRE THE APPLICANT I IN THIS PERMIT BEING MADE PPLICANT FROM COMPLIANCE WITH | S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID. |
| SYSTEM DESIGN AND SE | PECIFICATIONS | | | |
| T [1,050] GALLO | ONS / GPD EX | Septic Tank | CAPACITY | |
| A [] GALLO | ONS / GPD | N/A | CAPACITY | |
| | | | NUM CAPACITY SINGLE TANK:1250 GALI | |
| K [] GALLON | S DOSING TANK CAPACIT | Y []G | ALLONS @[]DOSES PER 24 HRS | #Pumps [] |
| R [] SQUARE A TYPE SYSTEM: | FEET Drainfield FEET N/A [] STANDARD [] [*] TRENCH [] | SYSTEM [X] BED [] | MOUND [] | |
| F LOCATION OF BENCH | | 23/ABS/2003 CALL COMPANIES | | |
| I ELEVATION OF PROPO | OSED SYSTEM SITE | [24.00] [INCHE: | FT] [ABOVE / BELOW] BENCHMARK/R | EFERENCE POINT |
| E BOTTOM OF DRAINFIE | ELD TO BE | [22.00] [INCHE | S FT] [ABOVE / BELOW] BENCHMARK/R | EFERENCE POINT |
| D FILL REQUIRED: | [20.00] INCHES | EXCAVATION RE | QUIRED: [26.00] INCHES | |
| The system is sized for 400 gpd. | or 4 bedrooms with a maxim | um occupancy of 8 p | persons (2 per bedroom), for a total estimate | d flow of |
| H ADD 225SQFT OF DI | RAINFIELD TO EXISTING 2 | 75SQFT TO BRING | SYSTEM UP TO 400GPD CODE. | |
| E | | | | |
| R | | | | |
| SPECIFICATIONS BY: | Robert Ford | | TITLE: Master Contractor | |
| APPROVED BY: | | TITLE: Environ | mental Specialist II | Columbia CHD |
| DATE ISSUED: | 02/16/2024 | <u> </u> | EXPIRATION DATE: | 08/16/2025 |
| DEP 4015, 06-21-2022 Incorporated 62-6.00 | | editions which | may not be used) | Page 1 of 3 |
| The state of the s | v 1 1 4 | AP203067A | SE1955052 | rage I OI J |