



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION INSPECTION AND FINAL APPROVAL

APPLICATION #: **AP2226259**

PERMIT #: **12-SC-3150727**

DOCUMENT #: **FI2526275**

DATE PAID: **06/20/2025**

FEE PAID: **310.00**

RECEIPT #: **12-PID-7469921**

APPLICANT: **JACOB**25-0516 BURGESS**

AGENT: **PRICE RITE ENTERPRISE INC**

PROPERTY ADDRESS: **SW DAISY Rd Lake City, FL 32024**

LOT: **1080** BLOCK:

SUBDIVISION: ID#: **00480-000**

CHECKED [X] ITEMS ARE NOT IN COMPLIANCE WITH STATUTE OR RULE AND MUST BE CORRECTED.

TANK INSTALLATION

[IN] [01] TANK SIZE [1] 1050.00 [2] _____
[IN] [02] TANK MATERIAL Concrete
[IN] [03] OUTLET DEVICE _____
[IN] [04] MULTI-CHAMBERED [Y / N]
[IN] [05] OUTLET FILTER Tuf-Tite EF-4
[IN] [06] LEGEND 1. 63-136-10DC3 2. _____
[IN] [07] WATERTIGHT 4"
[IN] [08] LEVEL _____
[IN] [09] DEPTH TO LID _____

DRAINFIELD INSTALLATION

[IN] [10] AREA [1] 510 [2] _____ SQFT
[IN] [11] DISTRIBUTION BOX HEADER X
[IN] [12] NUMBER OF DRAINLINES 1. 5.00 2. _____
[IN] [13] DRAINLINE SEPARATION _____
[IN] [14] DRAINLINE SLOPE _____
[IN] [15] DEPTH OF COVER _____
[IN] [16] ELEVATION [ABOVE / BELOW] BM 50.00
[IN] [17] SYSTEM LOCATION _____
[N/] [18] DOSING PUMPS _____
[N/] [19] AGGREGATE SIZE _____
[N/A] [20] AGGREGATE EXCESSIVE FINES _____
[N/] [21] AGGREGATE DEPTH _____

FILL / EXCAVATION MATERIAL

[N/] [22] FILL AMOUNT _____
[N/] [23] FILL TEXTURE _____
[N/] [24] EXCAVATION DEPTH _____
[N/] [25] AREA REPLACED _____
[N/] [26] REPLACEMENT MATERIAL _____

SETBACKS

[N/] [27] SURFACE WATER _____ FT
[N/] [28] DITCHES _____ FT
[] [29] PRIVATE WELLS 100' FT
[N/] [30] PUBLIC WELLS _____ FT
[N/] [31] IRRIGATION WELLS _____ FT
[] [32] POTABLE WATER 60 FT
[] [33] BUILDING FOUNDATIONS 15 FT
[IN] [34] PROPERTY LINES 25 FT
[N/] [35] OTHER _____ FT

FILLED / MOUND SYSTEM

[N/] [36] DRAINFIELD COVER _____
[N/] [37] SHOULDERS _____
[N/] [38] SLOPES _____
[N/] [39] STABILIZATION _____

ADDITIONAL INFORMATION

[IN] [40] UNOBSTRUCTED AREA _____
[IN] [41] STORMWATER RUNOFF _____
[N/] [42] ALARMS _____
[N/] [43] MAINTENANCE AGREEMENT _____
[IN] [44] BUILDING AREA _____
[IN] [45] LOCATION CONFORMS WITH SITE PLAN _____
[IN] [46] FINAL SITE GRADING _____
[IN] [47] CONTRACTOR BARTON ANDREWS (ANDR
[IN] [48] OTHER INFILTRATOR ARC 24

ABANDONMENT

[N/] [49] TANK PUMPED _____
[N/] [50] TANK CRUSHED & FILLED _____

Comments: Comments are on page 2.

CONSTRUCTION [APPROVED / DISAPPROVED]: Columbia CHD
Environmental Specialist I Sean P Havens (Florida Department of Health)

DATE: 07/23/2025

FINAL SYSTEM [APPROVED / DISAPPROVED]: Columbia CHD

DATE: 11/7/25

(Explanation of Violations on following page)

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC



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

PERMIT NO. 25-0516
DATE PAID: 6/20/25
FEE PAID: 310.00
RECEIPT #: 2220259

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Jacob or Amanda Burgess

AGENT: Oda Price

EMAIL: will@pricentronics.com

TELEPHONE: 386-963-4298

MAILING ADDRESS: 3360 150th Place Lake City FL 32024

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

LOT: N/A BLOCK: N/A SUBDIVISION: N/A

OSTDS REMEDIATION PLAN? ☐ Y / ☐ N

PROPERTY ID #: 26-58-15-00480-000 ZONING: ESA-2 I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 13 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: TBD SW Daisy Rd. Lake City FL 32024

DIRECTIONS TO PROPERTY: (1) NE Hernando (2) 1st Cross St onto E Duval St (3) SW main Blvd slight (4) onto FL-475 (5) CR 240 (6) SW Ichetucknee Ave (7) SW Fred Lane (8) Daisy Rd.

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>Install DWMT</u>	<u>4</u>	<u>2369</u>	<u>proposed new</u>
2				
3				
4				

See rec'd 6/40/25 EH

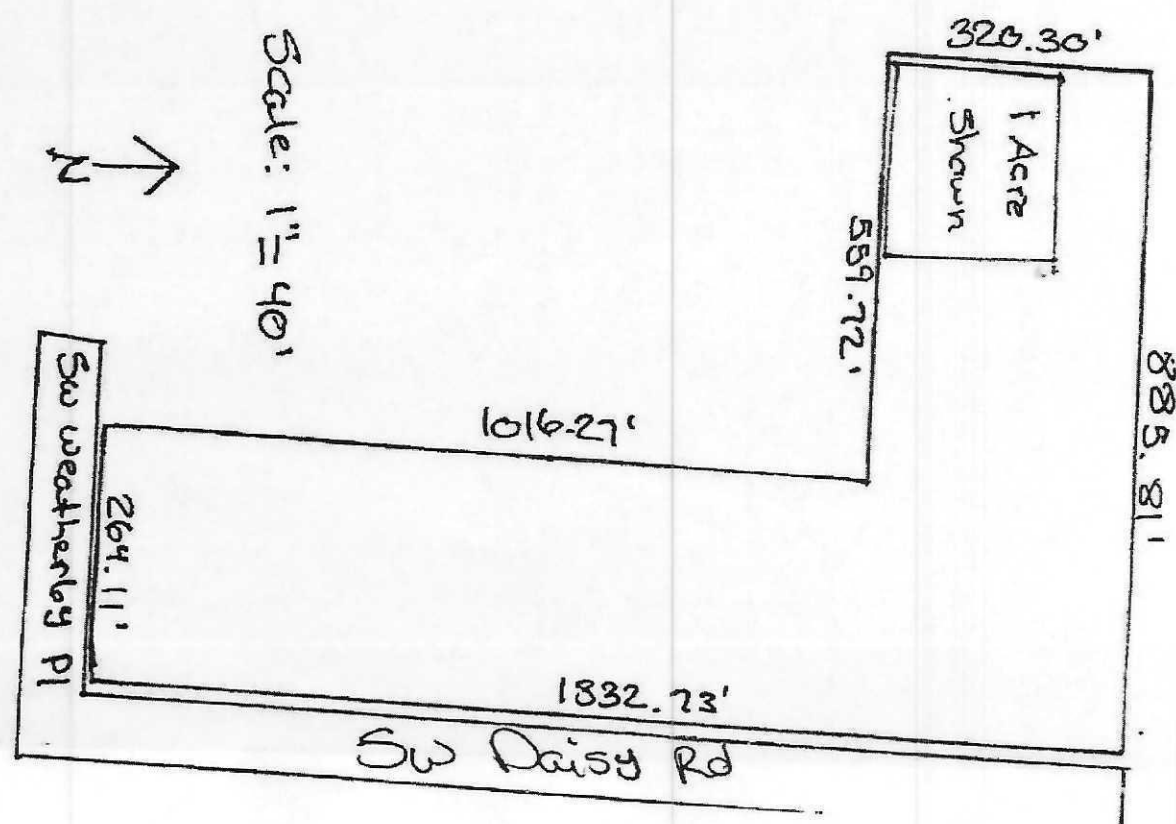
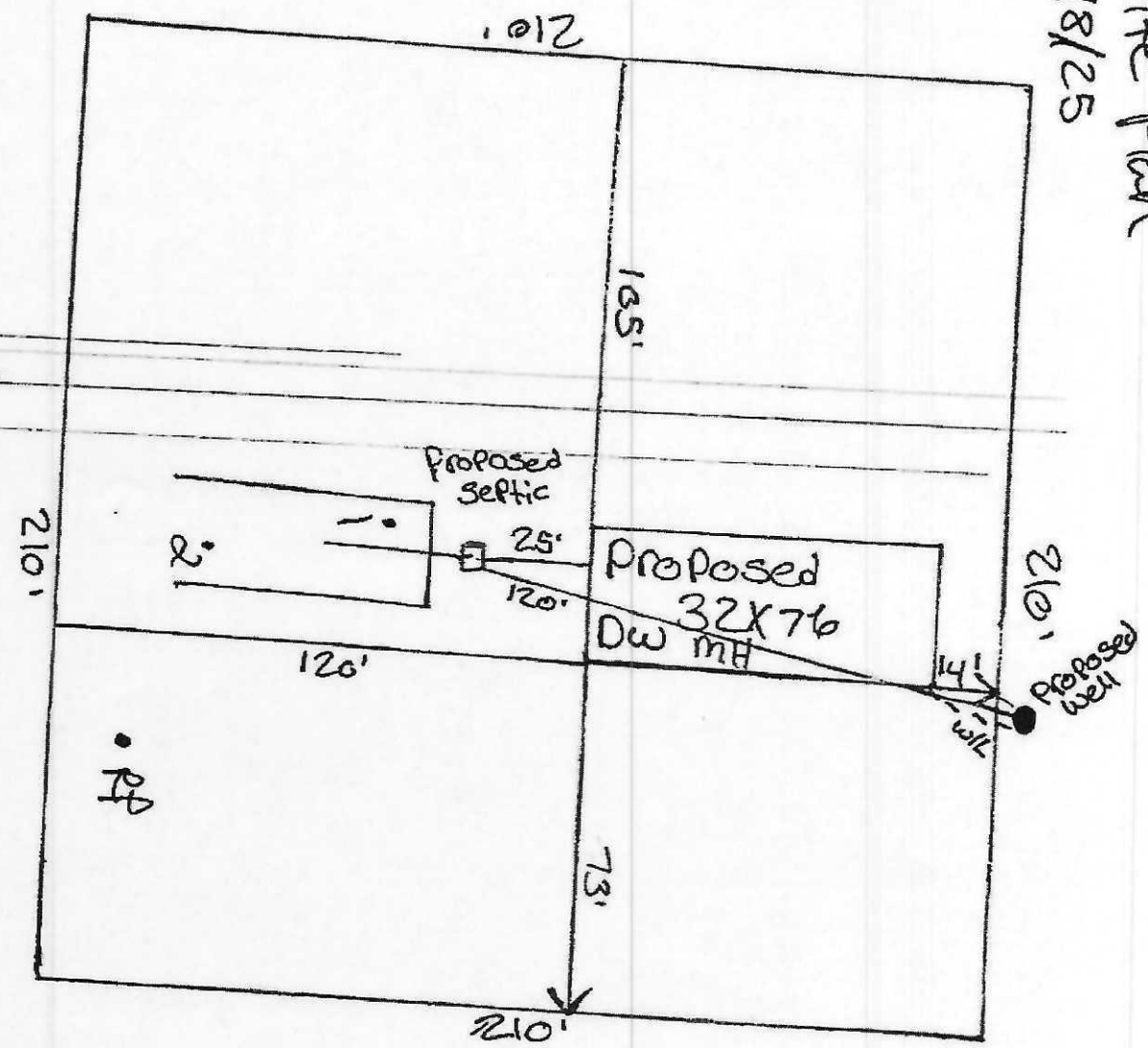
☒ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 6/14/25

Date Plan
6/18/25

25-0516



Parcel ID: Burgess

26-55-15-00480-000 TRD Sw Daisy Rd
Front Door Facing Sw Daisy Rd
Lake City FL, 32024

Shawn
230091
6/18/25

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

25-0516

PART II - SITEPLAN

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

SEE
Attached
SITE PLAN

Notes:

Site Plan submitted by

Plan Approved

By

Not Approved

Date

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.



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

MAILED
Arizerite 7/2/05

PERMIT #: **12-SC-3150727**
APPLICATION #: **AP2226259**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2281850**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: JACOB**25-0516 BURGESS

PROPERTY ADDRESS: SW DAISY Rd Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 00480-000 [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.

SYSTEM DESIGN AND SPECIFICATIONS

T [1,050] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] 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 [] SQUARE FEET N/A SYSTEM

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

F LOCATION OF BENCHMARK: Nail with pink ribbon in tree near site

I ELEVATION OF PROPOSED SYSTEM SITE [22.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [52.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
L

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.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

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

DATE ISSUED: 06/27/2025

EXPIRATION DATE: 12/27/2026

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

KR