



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

PERMIT #: **12-SC-3092116**  
APPLICATION #: **AP2199312**  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: **PR2236889**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: CINDY\*\*25-0241 WALDRON

PROPERTY ADDRESS: 581 SW UNION PARK Rd Lake City, FL 32055

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY ID #: 02375-001 [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 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 [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [X] MOUND [ ]

I CONFIGURATION: [X] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Nail with pink ribbon in pine NW of site

I ELEVATION OF PROPOSED SYSTEM SITE [ 21.00 ] [ INCHES ] FT [ ] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 3.00 ] [ INCHES ] FT [ ] ABOVE [X] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [ 36.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

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

DATE ISSUED: 03/28/2025 EXPIRATION DATE: 09/28/2026

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

Incorporated 62-6.004, FAC

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25-0241

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EXISTING

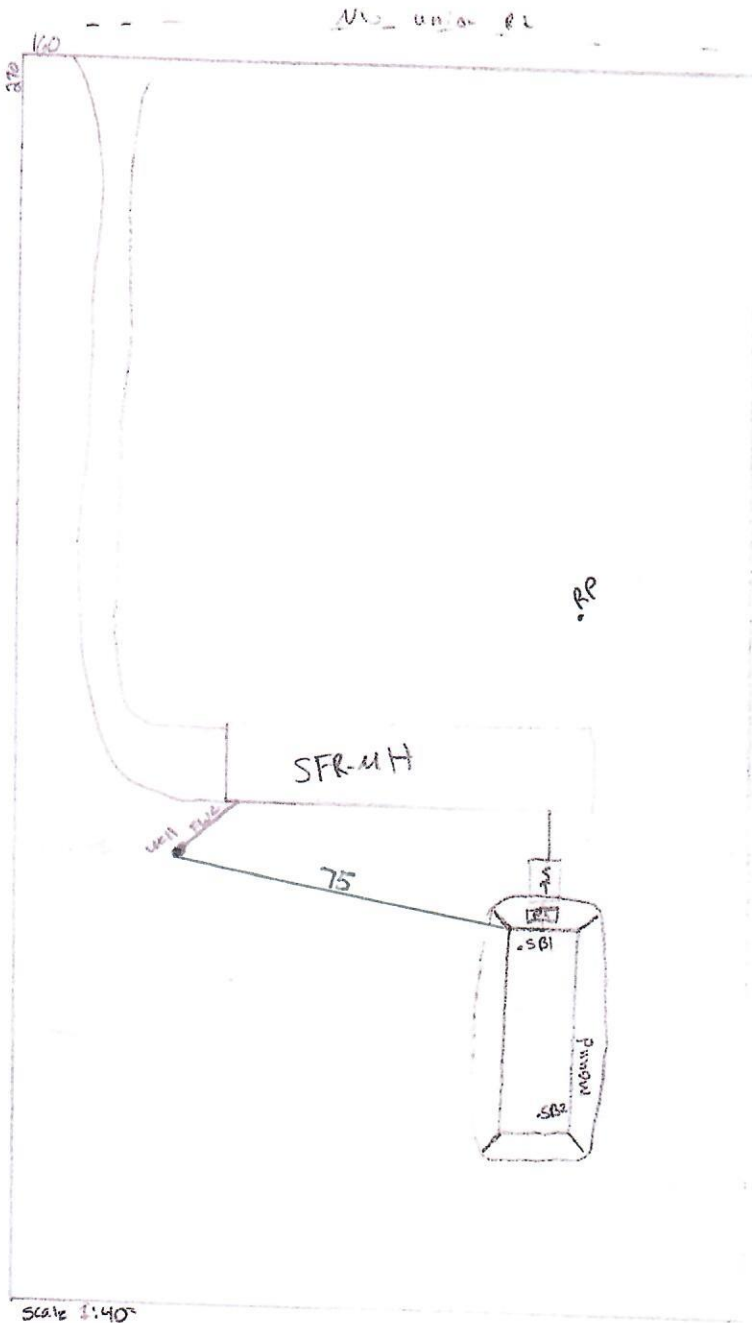
Cindy Walden

11-35-15-00157-102

H. Huen

23-2940

3-7-25



 Columbia  
3/28/25





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

PERMIT NO. 25-0341  
DATE PAID: 3/13/25  
FEE PAID: 318.88  
RECEIPT #: 2199312

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Cindy Waldron

EMAIL: \_\_\_\_\_

AGENT: K. Keen

TELEPHONE: 352-356-7220

MAILING ADDRESS: 768 NE 143 Ave Old Town 32680

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: Betha Acres PLATTED: \_\_\_\_\_

PROPERTY ID #: 11-35-15-60157-102 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 10.03 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 587 NW Union Park Rd

DIRECTIONS TO PROPERTY: Take us-41 N, @ NW Bascom Norris, @ NW Lake Jeffery Rd, @ Union Park 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>SFR-MH</u>         | <u>3</u>        | <u>1128</u>        |   |
| 2        |                       |                 |                    |   |
| 3        |                       |                 |                    |   |
| 4        |                       |                 |                    |   |

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: K. Keen

23-2940

DATE: 3/9/25