



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

SSD 065403809

PERMIT NO. 24-0208
DATE PAID: 3/5/24
FEE PAID: 425.00
RECEIPT #: 2044589

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Olisa Properties LLC EMAIL: provisionpermitting@gmail.com
AGENT: Somp North 803-517-5701 TELEPHONE: 386-365-7690
MAILING ADDRESS: 212 SW Cottage Glen 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.

OSTDS REMEDIATION PLAN? [Y / N]

PROPERTY INFORMATION

LOT: 32 BLOCK: SUBDIVISION: Five Points Acres PLATTED:

PROPERTY ID #: 17-35-17-04967-032 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.02 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: NE Colvin Ave

DIRECTIONS TO PROPERTY: L on NE Madison St, R on US-441N,
R on NE Tammy Ln, R on NE Colvin Ave, property
on R (white pipe where drainfield will be)

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	mobile home	4	1560	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: Somp North DATE: 3.5.24

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 24-0208

----- PART II - SITEPLAN -----

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

Site plan grid area. Handwritten text in the center: *See Attached*

Notes: _____

Site Plan submitted by: Song N. N. N.

Plan Approved ☒ Not Approved ☐ Date 3/12/24
By [Signature] EF2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



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

PERMIT #: **12-SC-2857160**
APPLICATION #: **AP2044589**
DATE PAID: **3/5/24**
FEE PAID: **425.00**
RECEIPT #:
DOCUMENT #: **PR2060828**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: OLISA**24-0208 PROPERTIES LLC
PROPERTY ADDRESS: 282 NE COLVIN Lake City, FL 32055
LOT: 32 BLOCK: SUBDIVISION: Five Points Acres
PROPERTY ID #: 04967-032 [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: [] STANDARD [] FILLED [x] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in tree w/ pink ribbon S of system site

I ELEVATION OF PROPOSED SYSTEM SITE [62.00] [INCHES] FT [] ABOVE / [x] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [56.00] [INCHES] FT [] ABOVE / [x] BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [24.00] 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.
T Dosing tank to be used if gravity flow cannot be achieved.
H
E
R

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist I

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

DATE ISSUED: 03/12/2024 EXPIRATION DATE: 09/12/2025

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