

**E-MAILED***Joshua Kameron Keen*

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

PERMIT #: **12-SC-3167127**
APPLICATION #: **AP2239796**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2295923**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: KEVIN**25-0582 CREWS
PROPERTY ADDRESS: 743 SW ALLISON Ter Lake City, FL 32024
LOT: 7 BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 00439-307

[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 _____ Sedtic 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 [462] SQUARE FEET _____ SYSTEM
R [] SQUARE FEET _____ N/A SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [x] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N

F LOCATION OF BENCHMARK: Nail with red ribbon in tree W of site
I ELEVATION OF PROPOSED SYSTEM SITE [13.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [7.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L

D FILL REQUIRED: [24.00] 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.
T
H
E
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP
APPROVED BY: Kyle B Roberts TITLE: Environmental Manager Columbia CHD
DATE ISSUED: 07/30/2025 EXPIRATION DATE: 01/30/2027

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
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0582
DATE PAID: 7/16/25
FEE PAID: 318.00
RECEIPT #: 2229746

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Kevin Crews

EMAIL: _____

AGENT: Tommy Jones

TELEPHONE: 352-221-4473

MAILING ADDRESS: 1490 NE 130th St. Trenton, FL 32693

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: 7 BLOCK: _____ SUBDIVISION: Allison Crossing

PLATTED: _____

PROPERTY ID #: 11-58-15-00439-307 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 10.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 743 SW Allison Ter Lake City 32024

DIRECTIONS TO PROPERTY: Take 247 S, TR on Allison, property on R

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
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1	SFR	3	1456	1560 total
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 7-15-25

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

25-0582

PART II SITE PLAN

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

Grid area for site plan drawing.

See
Attached

Notes

Site Plan submitted by Human Ken

Plan Approved ☒ Not Approved ☐

By [Signature]

Columbia

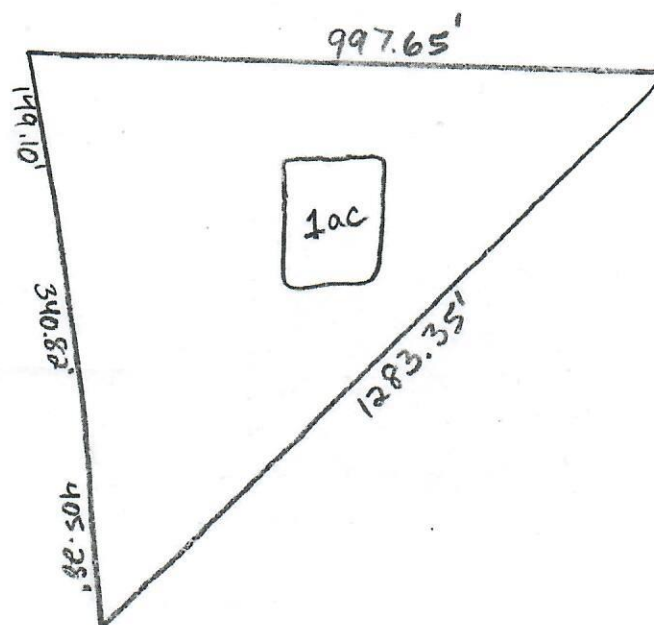
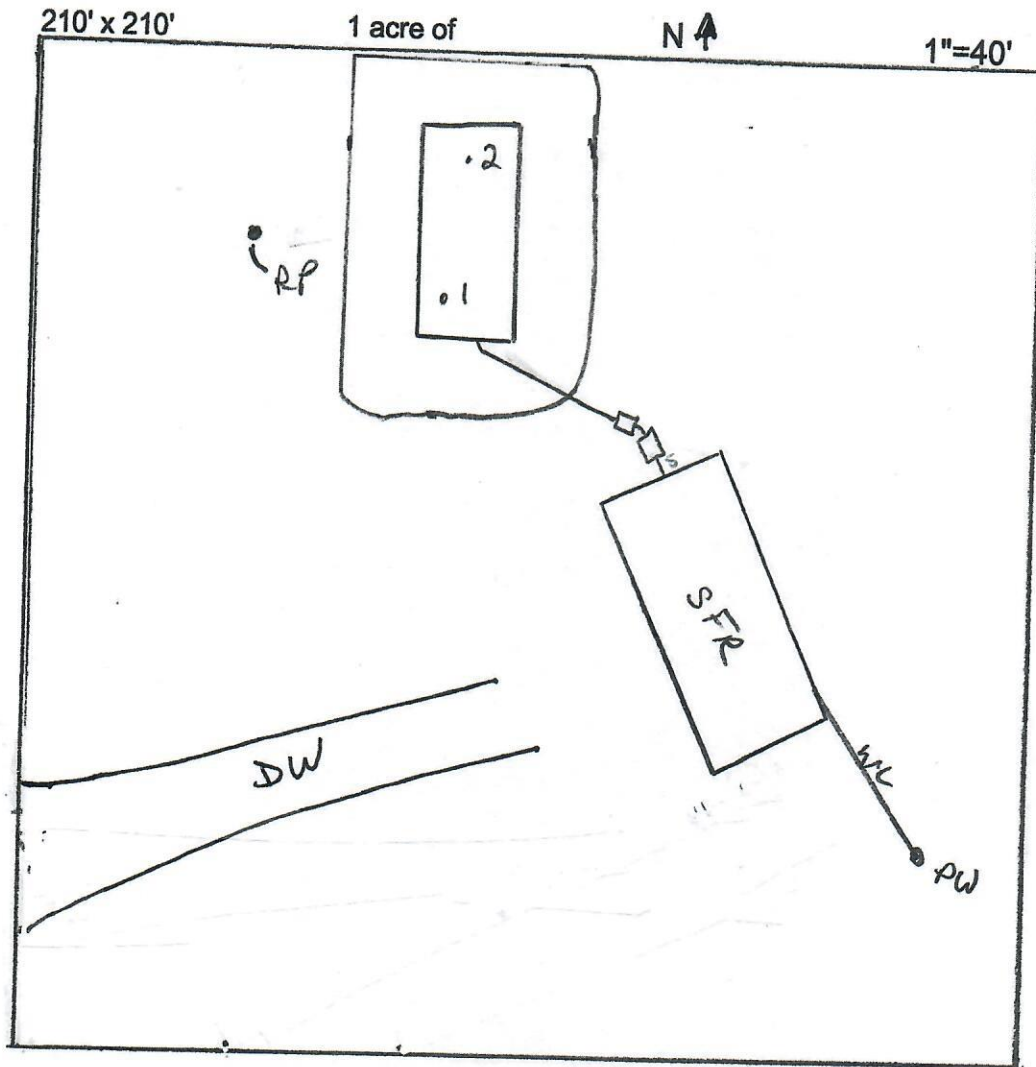
Date 7/30/25

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4010, 05-21-2022 (Obsoletes previous editions which may not be used)
Revised 02-06-2024 P.A.

25-0582



Kevin Crews
743 SW Allison Ter
Lake City

2/18/25

Harmon Dean
232064
7-15-25



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

FW

PERMIT NO. 25-2584
DATE PAID: 7/11/25
FEE PAID: 220.00
RECEIPT #: 2239749

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Michael Corrao

EMAIL: _____

AGENT: Tommy Jones

TELEPHONE: 352-221-4473

MAILING ADDRESS: 1490 NE 130th St. Trenton, FL. 32693

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: 30 BLOCK: _____ SUBDIVISION: Rolling Hills

PLATTED: _____

PROPERTY ID #: 02-6S-17-09553-029 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: 6.2 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: SE October Rd. Lake City 32025

DIRECTIONS TO PROPERTY: Take 41 S, TL on CR-238, TR on October, property on L.

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>1493</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 7-15-25



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



E-MAILED

James 8/5/25

PERMIT #: 12-SC-3167132
APPLICATION #: AP2239799
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2295931

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: MICHAEL**25-0584 CORRAO

PROPERTY ADDRESS: SE OCTOBER Rd Lake City, FL 32025

LOT: 30 BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 09553-029 [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: [X] STANDARD [] FILLED [] MOUND []

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

N

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

I ELEVATION OF PROPOSED SYSTEM SITE [26.00] [INCHES] FT [] ABOVE / BELOW BENCHMARK/REFERENCE POINT

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

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 300 gpd.

T

H

E

R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

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

DATE ISSUED: 07/30/2025 EXPIRATION DATE: 01/30/2027

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

Incorporated 62-6.004, FAC

Page 1 of 3

162

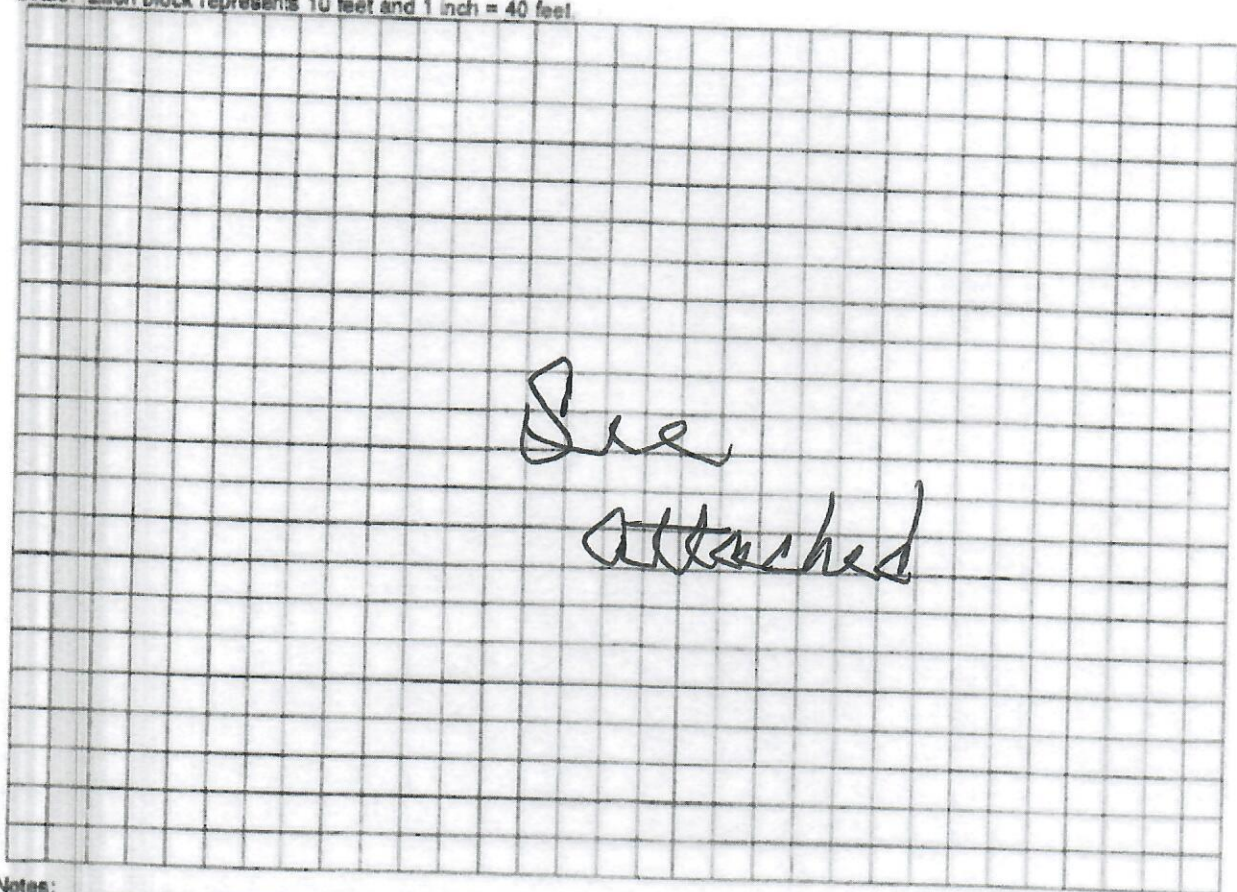
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

25-0584

PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

K. Keen

Plan Approved



Not Approved

Columbia

Date 7/30/25

By

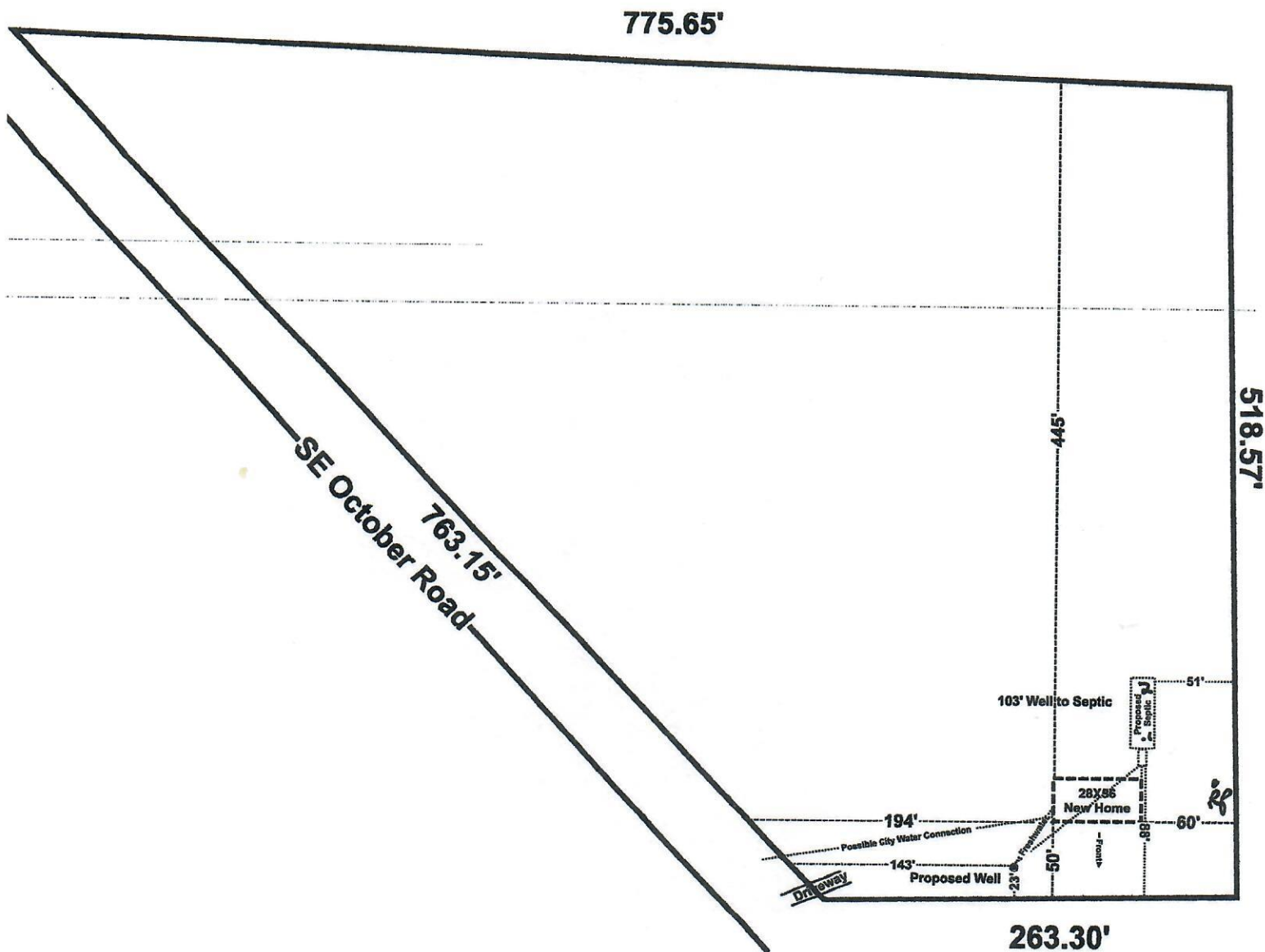
County Health Department

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.



25-0584
Brody Pack
6/19/25



Lonnie Bucchi
Parcel: 02-6S-17-09553-029
TBD SE October Road Lake City, FL

Scale 1" = 100'
Rolling Hills
Lot 30

7/16/25

Kamean Keen
03.2064
7-15-25