



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

PERMIT NO. 24-0782  
DATE PAID: 2310.00  
FEE PAID: 102312  
RECEIPT #: 2162470

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: DANIEL THOMAS

EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025

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: WESTWIND ESTATES PLATTED: \_\_\_\_\_

PROPERTY ID #: 07-4S-16-02791-107 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 6.3 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / ☒ ]

DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: TBD SW MADISON CT, LAKE CITY FL

DIRECTIONS TO PROPERTY: Hwy 90 west to Pinemont +1L follow to Sw madison ct +1L to end on left.

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	MH	4	2280	
2				
3				
4				

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

SIGNATURE: \_\_\_\_\_

DATE: 10-21-2024

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

1"=60

Permit Application Number 24-0782

PART II - SITEPLAN

Thomas

See Att

Notes: \_\_\_\_\_

Site Plan submitted by: Robert Fred GGG 10-21-2024

Plan Approved ☒

By \_\_\_\_\_

Not Approved ☐

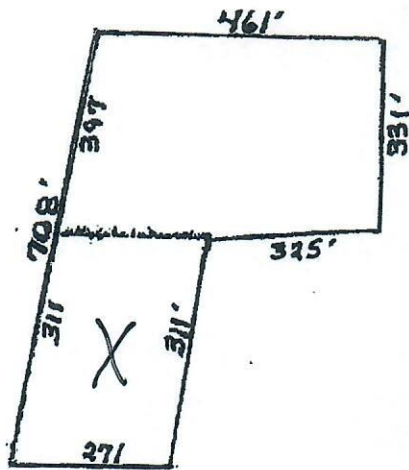
Date 10/25/24

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

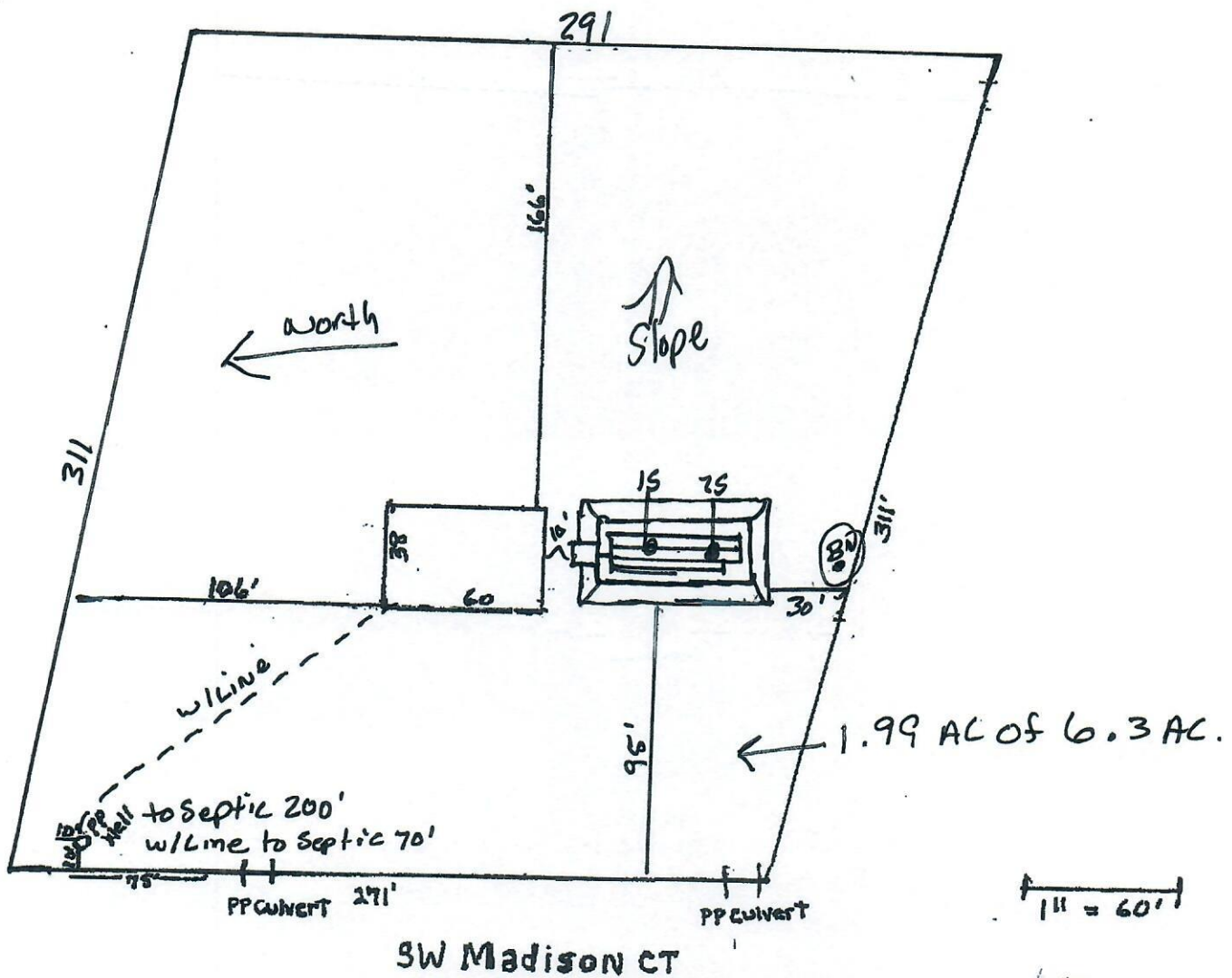
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated: 62-6.004, F.A.C.





1" = 60'  
10-21-2024  
Rokawade

24-0782





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

PERMIT #: 12-SC-3019177  
APPLICATION #: AP2162412  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2171669

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: DANIEL\*\*24-0782 THOMAS  
PROPERTY ADDRESS: SW MADISON Ct Lake City, FL 32024  
LOT: 7 BLOCK: \_\_\_\_\_ SUBDIVISION: WESTWIND  
PROPERTY ID #: 02791-107 [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 \_\_\_\_\_ Septic tank \_\_\_\_\_ 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 [x] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]  
N  
F LOCATION OF BENCHMARK: 4" post S. of site.  
I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 25.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 17.00 ] INCHES EXCAVATION REQUIRED: [ 0.00 ] INCHES

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: Robert Ford TITLE: Master Contractor  
APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD  
DATE ISSUED: 10/25/2024 EXPIRATION DATE: 04/25/2026  
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated 62-6.004, FAC

K/R