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

PERMIT #: 12-SC-2760521
APPLICATION #: AP1980547
DATE PAID: 7-28-23
FEE PAID: 310.00
RECEIPT #:
DOCUMENT #: PR1981722

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: BILLY**23-0552 MAXWELL

PROPERTY ADDRESS: 971 NW JOSEPHINE Lake City, FL 32055

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 04814-002 [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 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 [375] SQUARE FEET drainfield 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 pink ribbon in fence post E of system site
I ELEVATION OF PROPOSED SYSTEM SITE [9.00][INCHES / FT][ABOVE / BELOW]BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [3.00][INCHES / FT][ABOVE / BELOW]BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [30.00] INCHES EXCAVATION REQUIRED: [ ] INCHES

O T H E R: 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: Sallie Ford TITLE: Environmental Health Director Columbia CHD
Sallie A Ford

DATE ISSUED: 08/02/2023 EXPIRATION DATE: 02/02/2025

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. 23-0552
DATE PAID: 7/28/23
FEE PAID: 30.00
RECEIPT #: 1980547

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Billy Maxwell

AGENT: Kameron Keen EMAIL:

MAILING ADDRESS: 494 NE 628th St. Old Town, FL. 32680 TELEPHONE: 352-356-1333

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: _____ BLOCK: _____ SUBDIVISION: _____ OSTDS REMEDIATION PLAN? [Y / (N)]

PROPERTY ID #: 31-2S-17-04814-002 ZONING: _____ PLATTED: _____

PROPERTY SIZE: 7 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] I/M OR EQUIVALENT: [Y / (N)]

PROPERTY ADDRESS: 971 NW Josephine St. Lake City 32055 DISTANCE TO SEWER: _____ FT

DIRECTIONS TO PROPERTY: Take US-441 N, (L) NW Josephine St, Parcel on (R)

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	SFR-MH	3	1980	
2				
3				
4				

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

SIGNATURE: Kameron Keen 21-2064 DATE: 7/21/23

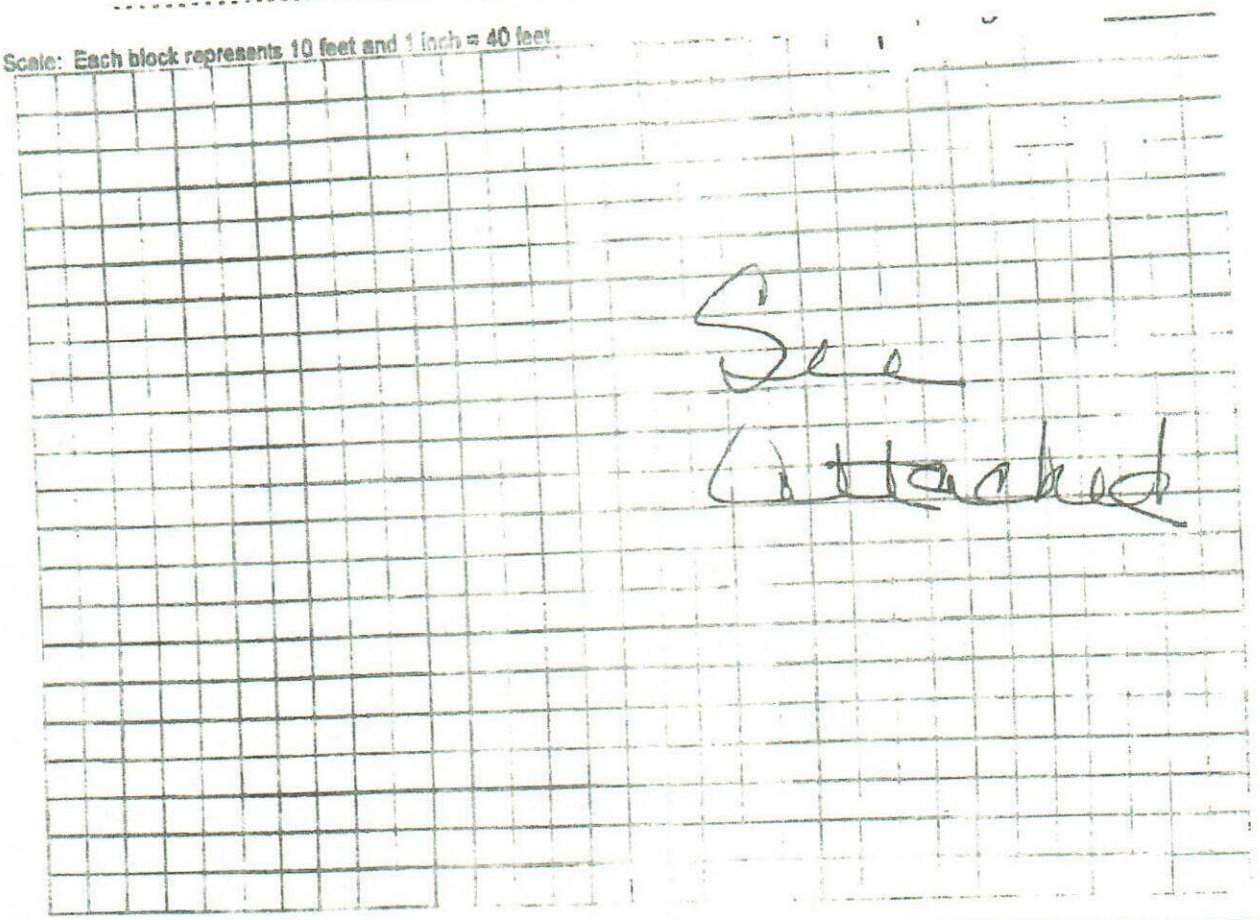
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

DEP Application Number 23-0552

PART II - SITE PLAN

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



Notes:

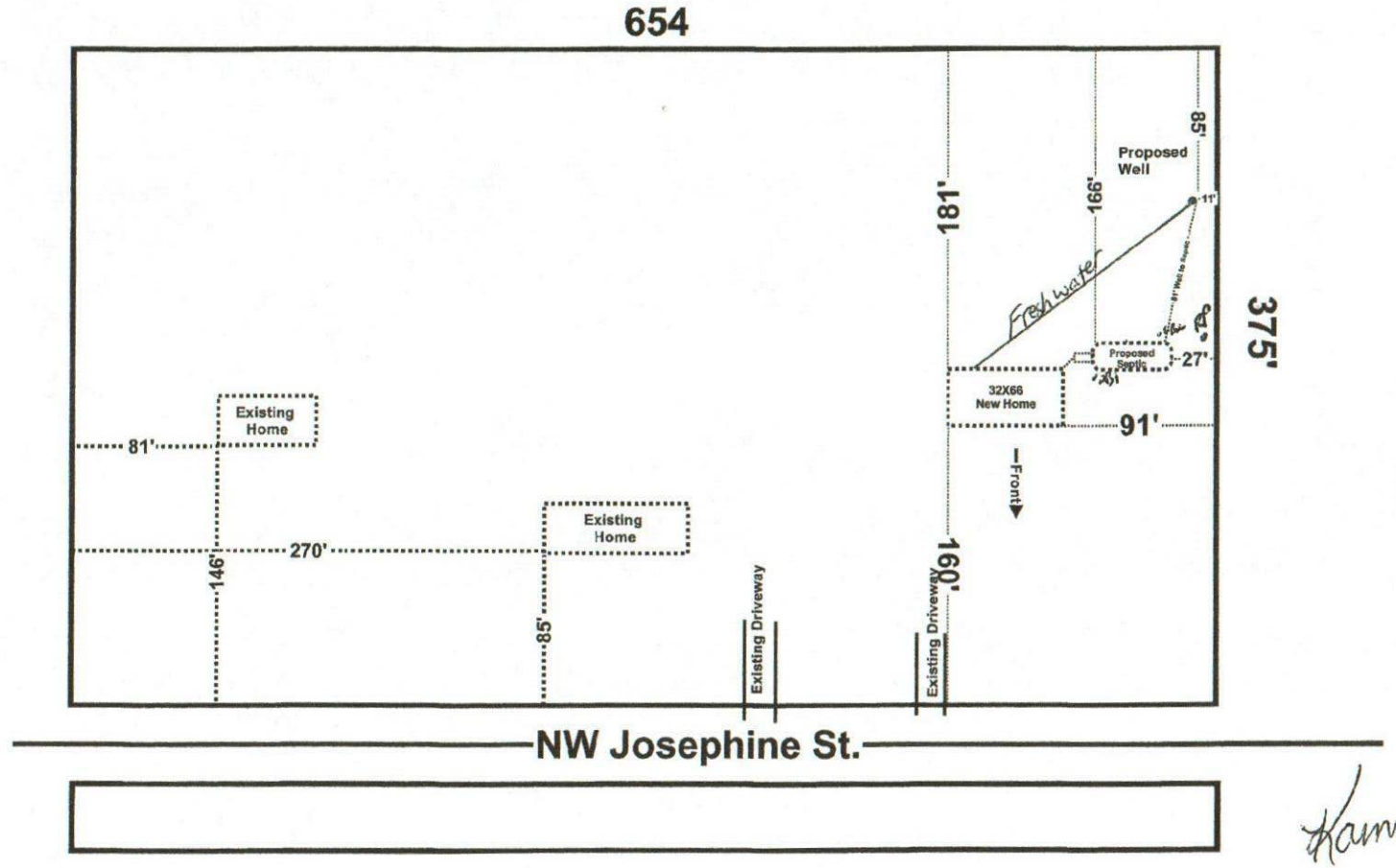
Site Plan submitted by: K. Veen 21-2064

Plan Approved X Not Approved Date 7-27-23

By Sallie Ford EH Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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



Brody Pack
7/17/23

Kameran Keen
21-2064
7-21-23

Billy Maxwell
971 NW Josephine St Lake City, FL
Parcel: 31-2S-17-04814-002

Scale 1" = 100'

23-0552