

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

PERMIT #: 12-SC-2626311

APPLICATION #: AP1928845

DATE PAID: 1/3/23

FEE PAID: 3 b. 0-

RECEIPT #:____

DOCUMENT #: PR1892079

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: Robbie**22-1033 McCabe Revocable Trust	
PROPERTY ADDRESS: NW Overflow Lake Dr Lake City, FL 32024	
LOT: BLOCK: SUBDIVISION:	y — "ealeg" dip.
PROPERTY ID #: 02611-033 [SECTION, TOWNSHIP, RANGE, PARC [OR TAX ID NUMBER]	EL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDAY 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] GALLONS / GPD Septic Tank CAPACITY	
A [] GALLONS / GPDN/A CAPACITY	
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALI	LONS
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: [X] STANDARD [] FILLED [] MOUND [] I CONFIGURATION: [X] TRENCH [] BED [] N F LOCATION OF BENCHMARK: Nail in oak N. of site.	
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/RI	
E BOTTOM OF DRAINFIELD TO BE [27.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RI	EFERENCE POINT
L	
D FILL REQUIRED: [3.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES	
The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimate	d flow of
400 gpd.	
E C	
R	
SPECIFICATIONS BY: William D Bishop LT TITLE: Master Septic Contractor	
APPROVED BY: Dustin W Jones FITLE: Environmental Specialist II	Columbia CHD
DATE ISSUED: 02/14/2023 EXPIRATION DATE:	08/14/2024
0H 4016 08/09 (Obsoletes all previous editions which may not be used)	
Incorporated: 64E-6.003, FAC	Page 1 of 3
v 1.1.4 AP1928845 SE1810247	

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

0 - 0		Permit Application Number_	22-1033
Mc Ca	be and		
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ale: Each block represent	ts 10 feet and 1 inch = 40 feet.		
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+++++	HAM YOU'	99	
es:			
Plan submitted by:	Willia D. Biolog I		aster contract
n Approved Y	Not Approved		Date 2/14/23
**			_County Health Department

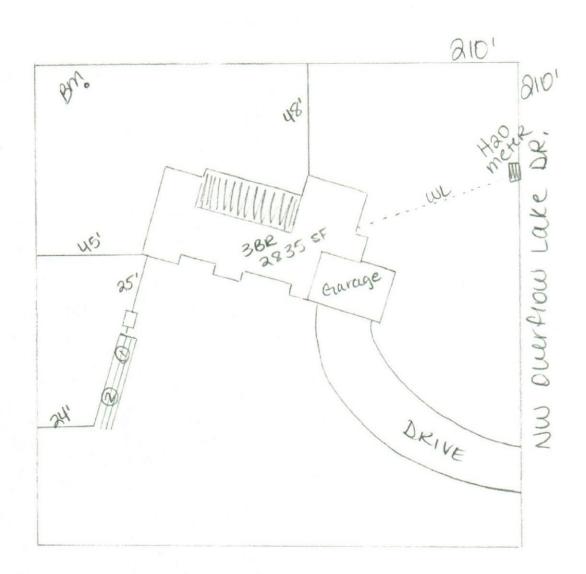
DEP 4015, 06-21-2022 (Obseletes previous editions which may not be used)

Incorporated: 62-6.004, F.A.C.

M

mccabe 1in=40ft. 12-23-22





William A. Bill op I



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

PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #: 47147895

APPLICATION FOR CONSTRUCTION PERMIT
APPLICATION FOR: New System [] Existing System [] Holding Tank [] Innovative Repair [] Abandonment [] Temporary []
APPLICANT: Robbie McCabe Revocable Trust EMAIL: rocky forda
AGENT: A&B CONSTRUCTION WINDSTFEAM. net 2311
MAILING ADDRESS: 546 SW DORTCH ST, F4. White, FL.
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: MA BLOCK: MA SUBDIVISION: MA PLATTED:
property id $\#36-3S-16-02011-033$ zoning: i/m or equivalent: [y / n]
PROPERTY SIZE: 20.5 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD [] > 2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y (N)] DISTANCE TO SEWER: MA FT
PROPERTY ADDRESS: NW Over Flow Lake SR, Lake City, F
DIRECTIONS TO PROPERTY: TR ONTO US-90 W, TR ONTO NW COLL
Ter, Thomas New Duerflow Lake Dr, prop. on the
BUILDING INFORMATION [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
SF Residential 3 2835
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Willia 1. Sidap T DATE: 12-23-22

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