



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

PERMIT NO. 25-0090
DATE PAID: 12/24
FEE PAID: \$10.00
RECEIPT #: 2189454

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Connie Blackwell

AGENT: Kameron Keen

EMAIL: _____

TELEPHONE: 352-356-1333

MAILING ADDRESS: 474 NE 628th St. Old Town, FL 32680

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: _____ BLOCK: _____ SUBDIVISION: _____

PLATTED: _____

PROPERTY ID #: 12-45-15-00345-000

ZONING: _____

I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 10 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: 4667 SW Pinemount Rd. Lake City 32054

DIRECTIONS TO PROPERTY: Take 90 W, TL on 252B, TR on Pinemount, 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				
2	<u>SFR-MH</u>	<u>4</u>	<u>2128</u>	<u>1838 sqft + h/c</u>
3				
4				

☒ Floor/Equipment Drains

☐ Other (Specify) _____

SIGNATURE: Kameron Keen 23-2064

DATE: 1-8-25

DEF 4015, 05-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

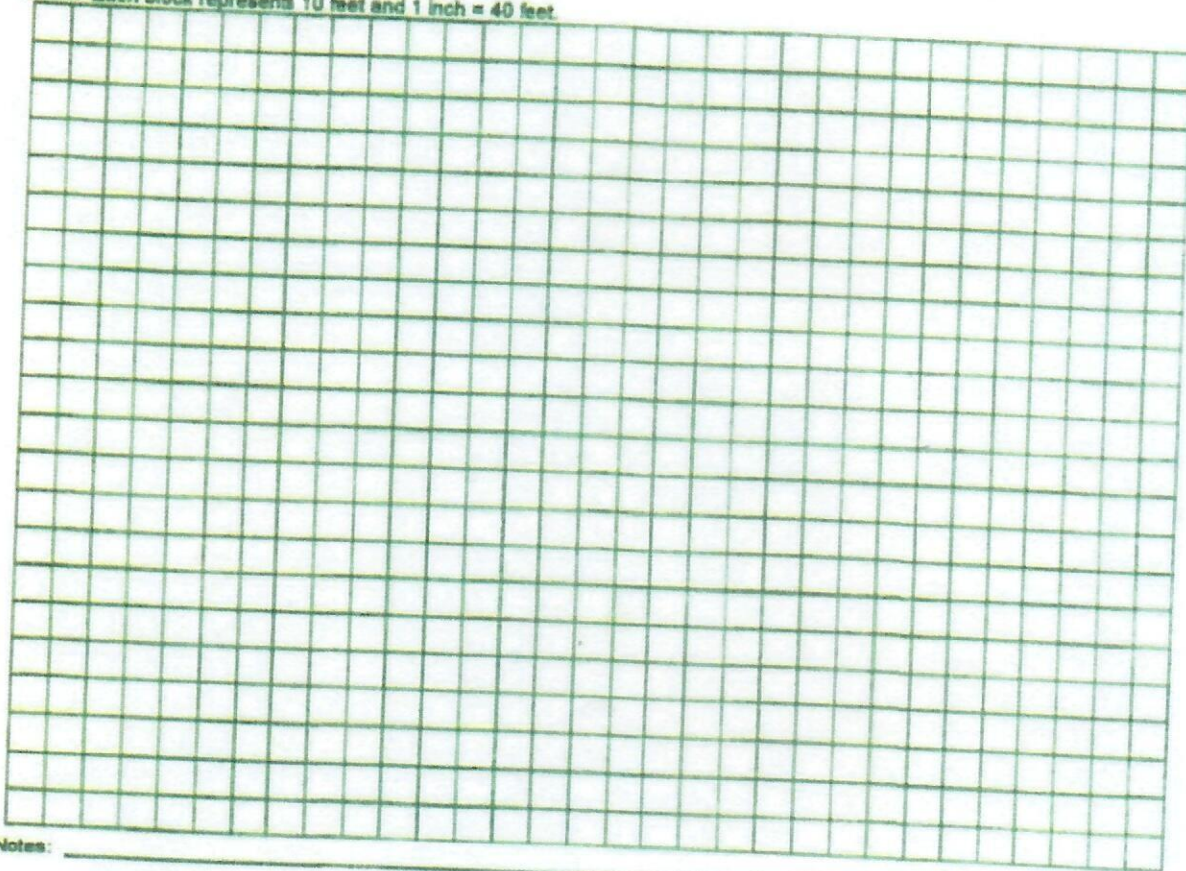
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PART II - SITEPLAN

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



Notes:

Site Plan submitted by

H. Kern

23-2064

Plan Approved

✓

Not Approved

By

Columbia

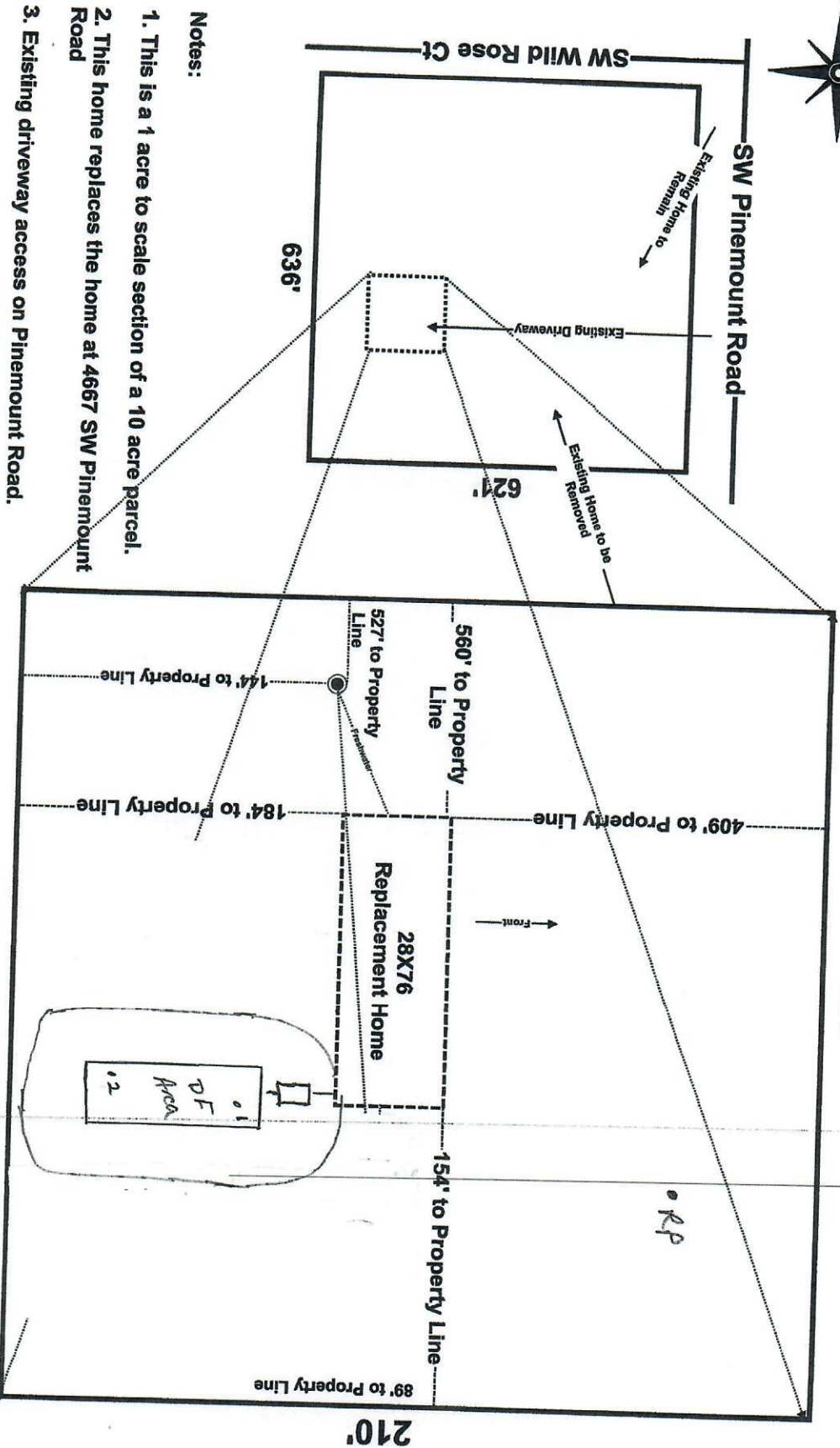
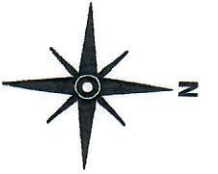
Date

1/30/25

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.



Notes:

1. This is a 1 acre to scale section of a 10 acre parcel.
2. This home replaces the home at 4667 SW Pinemount Road
3. Existing driveway access on Pinemount Road.

Amcor
23-2004
1-8-25

Connie Blackwell / Christian & Krista Helsel
Parcel: 12-4S-15-00345-000
4667 SW Pinemount Road Lake City, FL

Scale 1" = 40'

[Signature]

Brody Pack
1/6/25

25-0090



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

PERMIT #: **12-SC-3066235**
APPLICATION #: **AP2189454**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2207080**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CONNIE**25-0090 BLACKWELL
PROPERTY ADDRESS: 4667 SW PINEMOUNT Lake City, FL 32024
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 00345-000 [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 with orange ribbon in oak near site
I ELEVATION OF PROPOSED SYSTEM SITE [22.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [16.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

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.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 01/30/2025 EXPIRATION DATE: 07/30/2026

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

KR