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

PERMIT NO: 25-0239
DATE RCVD: 4/11/25
FEE RCVD: 320.00
RECEIPT #: 2204481

APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: Kathie DuPree (904) 708-4149 EMAIL:

AGENT: Kathie Kea PHONE: 352-856-1333

MAILING ADDRESS: 414 NE 42nd St. Old Town, FL 32680

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SIGNED MUST BE CONSISTENT WITH 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 ALTERNATIVE SEPARATION DISTANCES.

PROPERTY INFORMATION

LOT: 1 BLOCK: SUBDIVISION: Josephine Acres Unrec PLATTED:

PROPERTY ID #: 31-2S-17-04807-102 PLATTED: _____ F/K OR EQUIVALENT: [X/@]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [X/@] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 220 NW Testament Ct. Lake City 32055

DIRECTIONS TO PROPERTY: Take 441 N, TL on Josephine, TL on Testament, property 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 64E-6, FAC
1				
2	SFR-mH	3	2136	
3				
4				

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

SIGNATURE: [signature] 352-2064 DATE: 4-11-25

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.006, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

25-0339

PART II - SPECIFIC

See Attached

Review

Site Plan approved:

Plan Approved

By

Not Approved

Date 5-1-25

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

PERMIT NO. 25-0339

SITE EVALUATION AND SYSTEM SPECIFICATIONS

APPLICANT: Kathie DuPree AGENT: K. Keen

LOT: 1 BLOCK: _____ SUBDIVISION: Josephine Acres Unrec

PROPERTY ID #: 04807-102 [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH SHEET OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: [X] YES [ ] NO NET USABLE AREA AVAILABLE: 1 ACRES

TOTAL ESTIMATED SEWAGE FLOW: 300 GALLONS PER DAY [PER BEDROOM / OTHER]

AUTHORIZED SEWAGE FLOW: 1500 GALLONS PER DAY [1500 GPD/ACRE OR 2500 GPD/ACRE]

UNOBSTRUCTED AREA AVAILABLE: 2000 SQFT UNOBSTRUCTED AREA REQUIRED: 563 SQFT

BENCHMARK/REFERENCE POINT LOCATION: Nail with pink ribbon in oak near site

ELEVATION OF PROPOSED SYSTEM SITE IS 24.5 [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES

SURFACE WATER: NA FT DITCHES/SWALES: NA FT FLOODLY WAY? [ ] YES [X] NO

WELLS: PUBLIC: NA FT LIMITED USE: NA FT PRIVATE: 135 FT NON-POTABLE: NA FT

BUILDING FOUNDATIONS: 5 FT PROPERTY LINES: 20 FT POTABLE WATER LINES: 70 FT

SITE SUBJECT TO FREQUENT FLOODING: [ ] YES [X] NO 10 YEAR FLOODING? [ ] YES [X] NO

100 YEAR FLOOD ELEVATION FOR SITE: _____ FT MSL/NGVD SITE ELEVATION: _____ FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1 24.5" B

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 4/1	FS	0 TO 6
10YR 7/3	FS	6 TO 30
10YR 8/3	FS	30 TO 48
10YR 6/6	SCL	48 TO 72
		TO
CMN PRT RF		TO
10YR 6/6	FS	6 TO 30
		TO
		TO

USDA SOIL SERIES: Mapped Albany

SOIL PROFILE INFORMATION SITE 2 28.5" B

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 4/1	FS	0 TO 6
10YR 7/3	FS	6 TO 24
10YR 8/3	FS	24 TO 30
10YR 6/6	SCL	30 TO 72
		TO
CMN DRT RF		TO
10YR 6/6	FS	6 TO 24
		TO
		TO

USDA SOIL SERIES: Mapped Albany

OBSERVED WATER TABLE: NA INCHES [ABOVE / BELOW] EXISTING GRADE. TIME: [PERCHED / APPARENT]

ESTIMATED WET SEASON GROUND WATER ELEVATION: 6 INCHES [ABOVE / BELOW] EXISTING GRADE

HIGH WATER TABLE VEGETATION: [ ] YES [X] NO MOTT INDICATOR: [X] YES [ ] NO DEPTH: 6 INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: FS (.8) DEPTH OF EXCAVATION: _____ INCHES

DRAINFIELD CONFIGURATION: [X] TRENCH [ ] BED [ ] OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: _____

SITE EVALUATED BY: Kameron Keen 23-2064 DATE: 4-11-25

DEP 4015, 04-01-2022 (Obsolete previous editions which may not be used)

Incorporated: 62-6.004, FAC

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

PERMIT #: 12-SC-3100731
APPLICATION #: AP2204421
DATE PAID:
FEE PAID:
RECEIPT #:
DOCUMENT #: PR2252822

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: KATHIE**25-0339 DUPREE

PROPERTY ADDRESS: 220 NW TESTAMENT Ct Lake City, FL 32055

LOT: 1 BLOCK: SUBDIVISION:

PROPERTY ID #: 04807-102 [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: [ ] STANDARD [ ] FILLED [X] MOUND [ ]
I CONFIGURATION: [X] TRENCH [ ] BED [ ]
N
F LOCATION OF BENCHMARK: Nail with pink ribbon in oak near site
I ELEVATION OF PROPOSED SYSTEM SITE [24.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [6.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [36.00] 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 Dosing tank to be used if gravity flow cannot be achieved.
H
E
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: John-P Edwards TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 05/01/2025 EXPIRATION DATE: 11/01/2026

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KR