



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

CR # 24-00150
PERMIT NO. 24-00150
DATE PAID: 5/14/24
FEE PAID: 310.00
RECEIPT #: 2020743

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[X] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: JAMES & ASHLEY JONES

EMAIL: matthew1@erkingerhomes.com

AGENT: ERKINGER CONSTRUCTION GROUP

TELEPHONE: (386) 754-5555

MAILING ADDRESS: 248 SE NASSAU STREET

LAKE CITY

FL

32055

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS

PLATTED:

PROPERTY ID #: 06-06S-17-09613-004

ZONING: RES I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 3.380 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO]

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: LEO FEAGLE GLN LAKE CITY

DIRECTIONS TO PROPERTY:

TAKE SR 41 SOUTH TURN RIGHT ON TUSTENUGGEE AVE. TURN RIGHT ON SE LEO FEAGLE GLN. SITE ON LEFT.

BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	HOUSE	2	1,955	
2	Storage Building	—	2200	Metal
3				
4				

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

SIGNATURE:

DATE: 5-10-2024



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

PERMIT #: 12-SC-2900487
APPLICATION #: AP2070743
DATE PAID: 5/14/24
FEE PAID: 30.00
RECEIPT #:
DOCUMENT #: PR2083735

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JAMES**24-0388 JONES

PROPERTY ADDRESS: LEO FEAGLE Lake City, FL 32024

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 09613-004 [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: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in 3" post west of system site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 300 gpd.

T
H
E
R

SPECIFICATIONS BY: PAUL LLOYD

TITLE: PSE

APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 05/16/2024 EXPIRATION DATE: 11/16/2025

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

Page 1 of 3

v 1.1.4

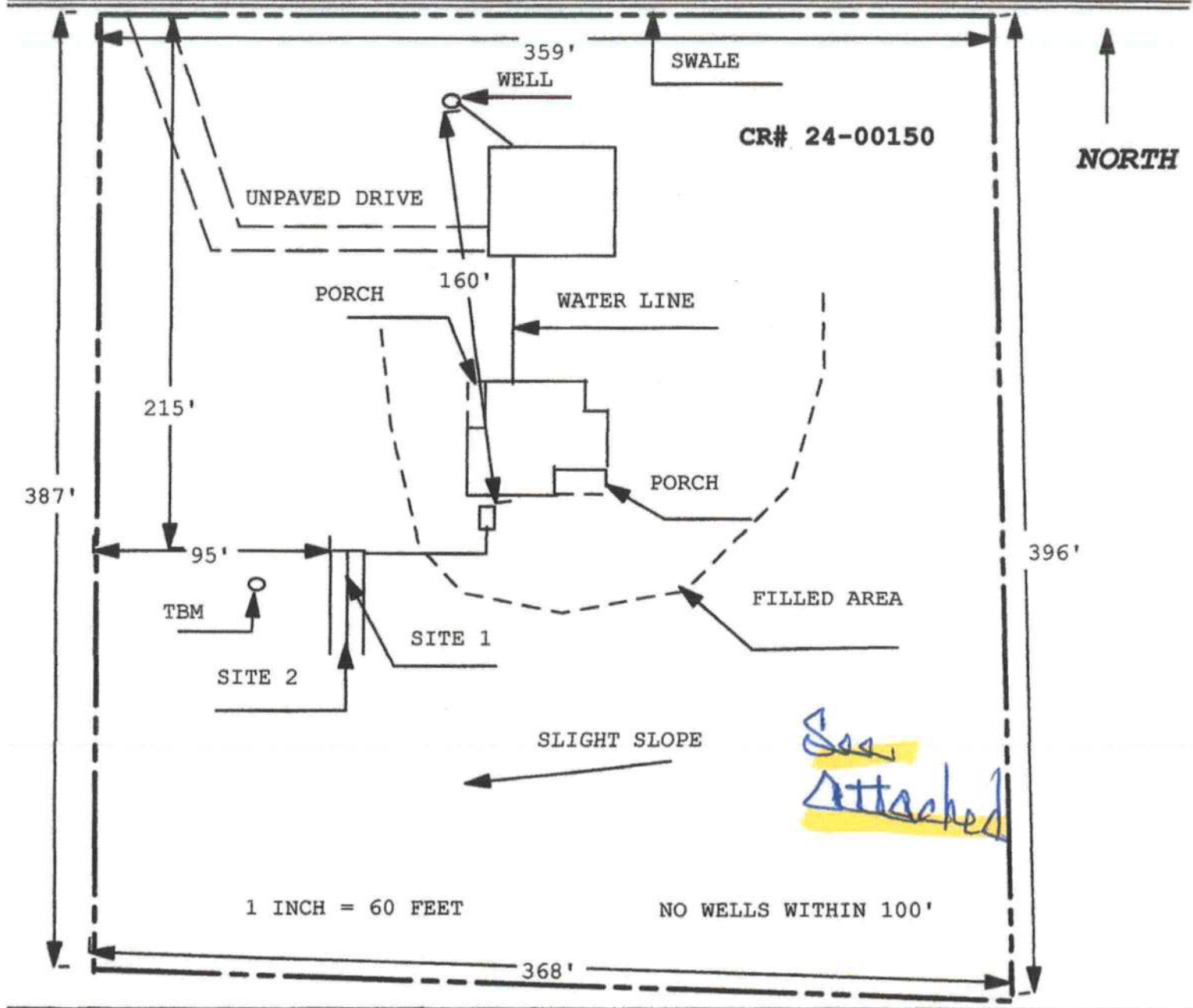
AP2070743

SE2003719

RR

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 24-0288

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By Paul & Mary Date 5/9/24
Plan Approved ☒ Not Approved ☐ Date 5/16/24
by [Signature] ES2 Columbia CPHU
Notes: _____

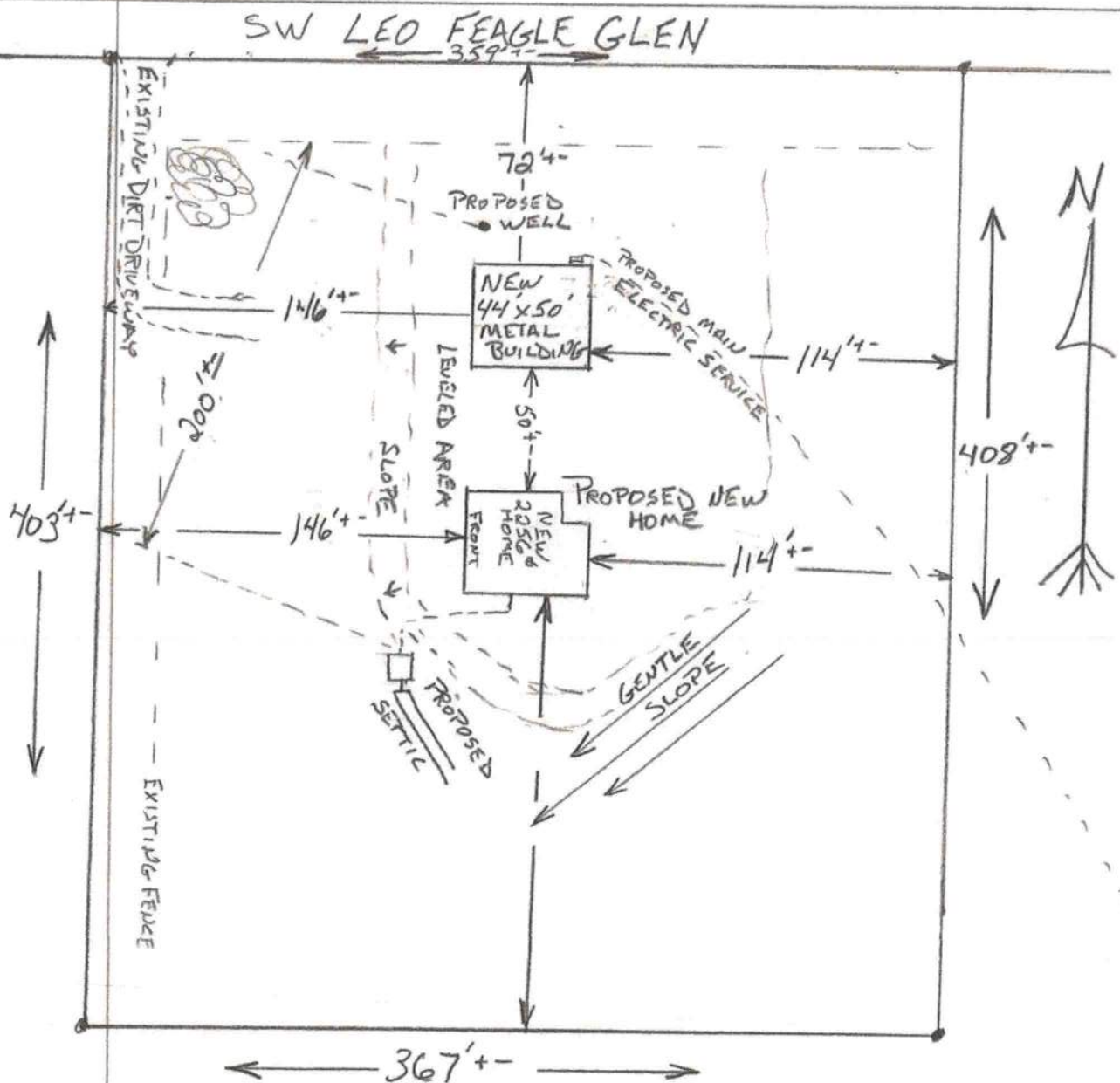
SITE PLAN

24-0288

FOR: JAMES & ASH JONES

LOCATION: TBD SW LEO FEAGLE GLEN

PARCEL ID: 06-065-17-09613-004(46652)



FOR REFERENCE

18

CLYATT WELL DRILLING, INC.

(Established in 1971)
5941 SW STATE ROAD 121
LAKE BUTLER, FL 32054
Phone (386)496-2488 *** FAX (386)496-4640

WELL DESCRIPTION

DESCRIPTION DATE

4/27/2023

CUSTOMER NAME AND ADDRESS

Erkinger Construction Group 248 SE Nassau Street Lake City, FL 32025
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DESCRIPTION OF WORK

DESCRIPTION

Feet 4" Well
1 HP Submersible Pump
Feet 1-1/4" Drop Pipe
Feet 14/3 Submersible Pump Wire
81 Gallon Pressure Tank
4 X 1-1/4 Well Seal
Pressure Relief Valve
Controls and Fittings
7.5% Sales Tax

The above description is provided to give a brief description of the water well to be constructed by Clyatt Well Drilling, Inc.