



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

CR # 24-00058
PERMIT NO. 24-2211
DATE PAID: 3/7/24
FEE PAID: 310.00
RECEIPT #: 2045118

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: TRUDY COTE & TIMOTHY HARVEY

EMAIL: Timotico@gmail.com

AGENT: TIMOTHY HARVEY

TELEPHONE: (603) 726-6050

MAILING ADDRESS: 1101 SW HIGH FIELD TER.

LAKE CITY

FL 32025

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: 50 BLOCK: N/A SUBDIVISION: MEADOWLANDS P-3 OSTDS REMEDIATION PLAN? ☐ Y ☒ N PLATTED:

PROPERTY ID #: 36-5S-16-03761-150

ZONING: AG I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 5.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐

DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 1101 SE HIGH FIELD TER. LAKE CITY

DIRECTIONS TO PROPERTY:

TAKE 41 SOUTH. TURN RIGHT ON TUSTUGGEE RD. PAST CR 240, TURN RIGHT INTO MEADOW LAND. TURN RIGHT ON HIGH FIELD TER. SITE ON RIGHT.

BUILDING INFORMATION ☒ 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	3	1,222	
2				
3				
4				

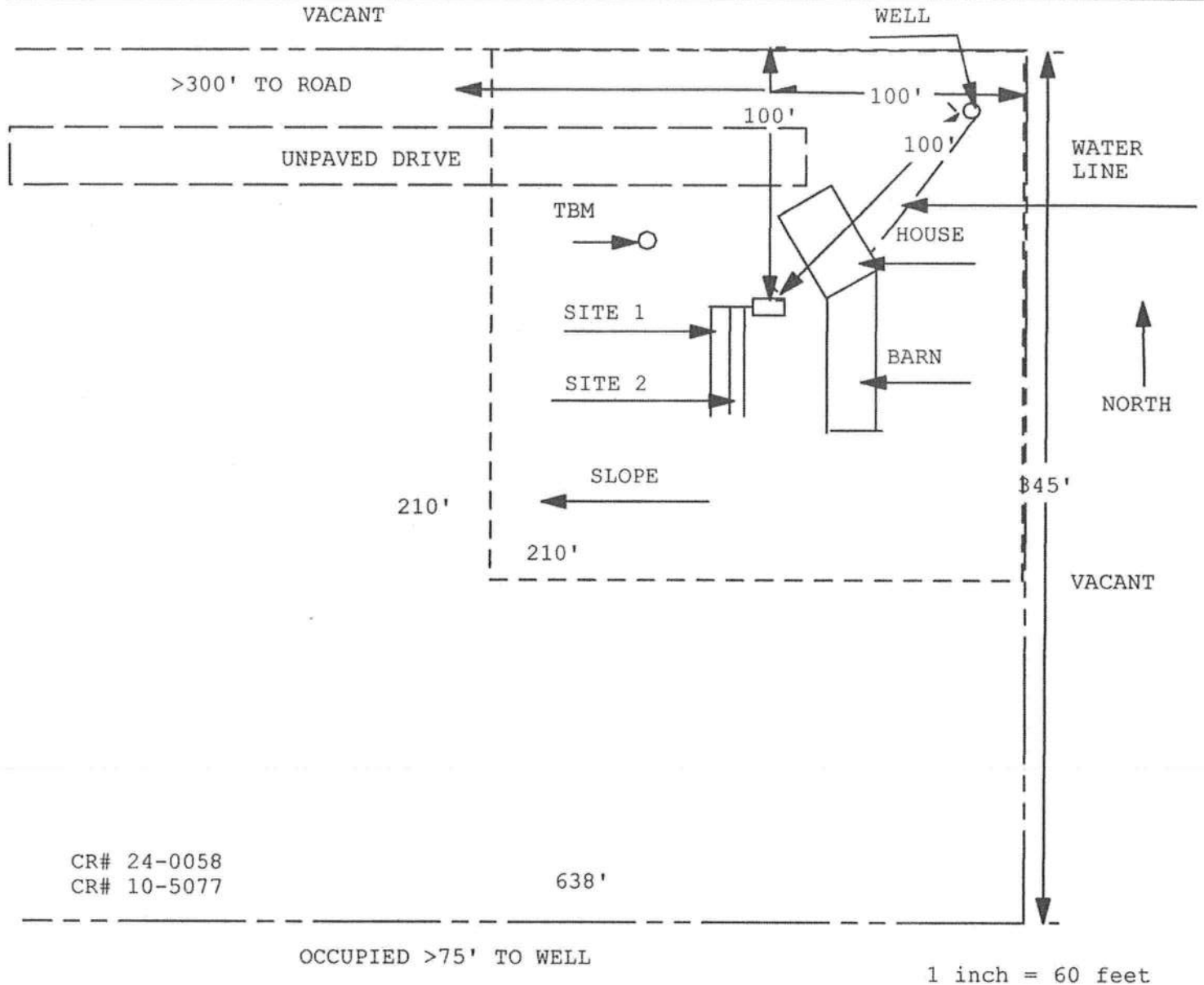
☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature]

DATE: Mar 6, 2024

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 24-0211

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



CR# 24-0058
CR# 10-5077

Site Plan Submitted By Paul D. Lloyd Date 3/5/24
Plan Approved ☒ Not Approved ☐ Date 3.12.24
By Salli Ford EIT Director Columbia CPHU

Notes: _____



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

PERMIT #: 12-SC-2867884
APPLICATION #: AP2045118
DATE PAID: 3.7.24
FEE PAID: 30.00
RECEIPT #: _____
DOCUMENT #: PR2060791

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: TRUDY**24-0211 COTE/HARVEY

PROPERTY ADDRESS: 1101 SE HIGHFIELD Lake City, FL 32025

LOT: 50 BLOCK: _____ SUBDIVISION: MEADOWLANDS PH-3

PROPERTY ID #: 03761-150 [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 _____ 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 _____ 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 10" oak tree N of system site

I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES] FT [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [6.00] 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: PAUL LLOYD

TITLE: PSE

APPROVED BY: Sallie Ford

Sallie A Ford

TITLE: Environmental Health Director

Columbia CHD

DATE ISSUED: 03/12/2024

EXPIRATION DATE: 09/12/2025

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

Incorporated 62-6.004, FAC

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