## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 33 -0743 Cabral PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. Notes: Site Plan submitted by: Willia D. Biskop IF master contractor Date 10 (30/23 Plan Approved 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.

abral lin=40ft. M 10-20-23 W 1 acre of 19.57 of. 210' 2101 56 Cy 4BR SE OR 245 3116 SF = 100' DRIVE

Willia D. Bishop IF

23-0743



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

DATE PAID: FEE PAID: RECEIPT #:

| 100 ME 1  |  |  |  |  |
|---|--|--|--|--|
| APPLICATION FOR CONSTRUCTION PERMIT   |  |  |  |  |
| APPLICATION FOR:  [X] New System [] Existing System [] Holding Tank [] Innovative  [] Repair [] Abandonment [] Temporary []  APPLICANT: ROBULT & SUSAN Cabral EMAIL: NOCKY FORD Q  AGENT: A&B Construction Windstream. net Telephone: 380-491-2311  MAILING ADDRESS: 546 SW Nortch St, Ft. White, FL. 32038   |  |  |  |  |
| 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: NA BLOCK: NA SUBDIVISION: NA PLATTED:  |  |  |  |  |
| PROPERTY ID #:30-5S-18-10609-006NING: I/M OR EQUIVALENT: [Y/N]  |  |  |  |  |
| PROPERTY SIZE: 19.57 WATER SUPPLY: 1 PRIVATE PUBLIC [ ] <= 2000GPD [ ]>2000GPD  |  |  |  |  |
| IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/W] DISTANCE TO SEWER: MFT  |  |  |  |  |
| PROPERTY ADDRESS: SE CR 245, Lake City, FL.   |  |  |  |  |
| DIRECTIONS TO PROPERTY: The onto NW Main Blvd, The onto   |  |  |  |  |
| SE Myrtis Rd, TR onto SE CR 245/Price Creek   |  |  |  |  |
| BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL   |  |  |  |  |
| Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC  |  |  |  |  |
| SF Residential 4 3116   |  |  |  |  |
| 3   |  |  |  |  |
| 4   |  |  |  |  |
| [ ] Floor/Equipment Drains [ ] Other (Specify)  |  |  |  |  |
| SIGNATURE: Willia O. Siskop II DATE: 10-20-33   |  |  |  |  |

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



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

PERMIT #: 12-SC-2807245

APPLICATION #: AP2007391

DATE PAID: 10/24173

FEE PAID: 510

RECEIPT #: DOCUMENT #: PR2016684

| CONSTRUCTION PERMIT  | FOR: OSTDS New   |   |   |
|--|--|---|---|
| APPLICANT: ROBER   | T**23-0743 CABRAL  |   |   |
| PROPERTY ADDRESS:  | SE CR 245 Lake City, FL 32055  |   |   |
| LOT:   | BLOCK: SUBDIVI   | SION:   |   |
| PROPERTY ID #: 10  | 0609-000   | [SECTION, TOWNSHIP, RANGE, PA<br>[OR TAX ID NUMBER]   | RCEL NUMBER]  |
| SATISFACTORY PERFO<br>WHICH SERVED AS<br>PERMIT APPLICATION<br>ISSUANCE OF THIS  | ORMANCE FOR ANY SPECIFIC PR<br>A BASIS FOR ISSUANCE OF T<br>N. SUCH MODIFICATIONS MAY  | DEPARTMENT APPROVAL OF SYSTEM DO<br>ERIOD OF TIME. ANY CHANGE IN<br>THIS PERMIT, REQUIRE THE APPLICAN<br>RESULT IN THIS PERMIT BEING MADE<br>HE APPLICANT FROM COMPLIANCE WIT           | MATERIAL FACTS,<br>IT TO MODIFY THE<br>E NULL AND VOID. |
| SYSTEM DESIGN AND S  | 3PECIFICATIONS   |   |   |
| A [ ] GALLO  N [ ] GALLO  K [ ] GALLO  D [ 500 ] SQUAR  R [ ] SQUAR  A TYPE SYSTEM:  I CONFIGURATION:  N  F LOCATION OF BENCH  I ELEVATION OF PROF  E BOTTOM OF DRAINFI  L  D FILL REQUIRED: | NS GREASE INTERCEPTOR CAPACITY NS DOSING TANK CAPACITY  E FEET Drainfield S: E FEET N/A S  [ ] STANDARD [*] FILLED  [*] TRENCH [ ] BED [  HMARK: Nail in oak N of site  POSED SYSTEM SITE [ 12.00 ] [  IELD TO BE [ 15.00 ] [  | CAPACITY  [MAXIMUM CAPACITY SINGLE TANK:1250 GA  ]GALLONS @[ ]DOSES PER 24 HRS  YSTEM  [] MOUND []  ]  INCHES FT ][ ABOVE   BELOW   BENCHMARK    INCHES FT ][ ABOVE   BELOW   BENCHMARK | REFERENCE POINT   |
| SPECIFICATIONS BY:   | WILLIAM D BISHOP   | TITLE: SA0890009; SM0081587   |   |
| APPROVED BY:   | Dustin W Jones   | nvironmental Specialist II  | Columbia CHD  |
| DATE ISSUED:   | 10/30/2023   | EXPIRATION DATE   | 04/30/2025  |
| DEP 4015, 06-21-202<br>Incorporated 62-6.0   | The second secon | which may not be used)  | Page 1 of 3   |