

SSC 105501881



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

PERMIT NO. 25-0341  
DATE PAID: 4-15-25  
FEE PAID: \$425.00  
RECEIPT #

2204597

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR.

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

APPLICANT: REVOKABLE METZ FAMILY TRUST METZ CONSTRUCTION LLC EMAIL: SIKA57@AOL.COM

AGENT: FARUK METZ TELEPHONE: 772.263.2051

MAILING ADDRESS: 493 NW AMBLESIDE DR, 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: 40 BLOCK: SUBDIVISION COBBLESTONE UNIT 2 PLATTED

PROPERTY ID #: 24-35-16 0000/0000 ZONING RSF-2 I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 1.81 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER FT

PROPERTY ADDRESS: 473 NW AMBLESIDE DR, LAKE CITY, FL 32055

DIRECTIONS TO PROPERTY. TAKE 90 WEST TO BASCOM MORRIS, TURN RIGHT TO LAKE JEFFERY ROAD TURN LEFT, GO ABOUT 1 MILE TO COBBLESTONE DR., TURN RIGHT ON BRIDEWATER TERR. GO TO AMBLESIDE DR, TURN LEFT GO TO END LOT ON RIGHT

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	<u>SINGLE FAMILY</u>	<u>4</u>	<u>4,134</u>	<u>2576 sqft</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature] DATE: 4-14-25

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

Incorporated 62-6.004, FAC

Page 1 of 4



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

PERMIT #: 12-SC-3101062  
APPLICATION #: AP2204597  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2240449

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: METZ FAMILY \*25-0341 TRUST

PROPERTY ADDRESS: 473 NW AMBLESIDE Dr Lake City, FL 32055

LOT: 40 BLOCK: \_\_\_\_\_ SUBDIVISION: COBBLESTONE U-2

PROPERTY ID #: 1600000000 [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: [X] STANDARD [ ] FILLED [ ] MOUND [ ]

I CONFIGURATION: [X] TRENCH [ ] BED [ ]

N

F LOCATION OF BENCHMARK: Nail in tree w/ pink ribbon E of system site

I ELEVATION OF PROPOSED SYSTEM SITE [ 14.00 ] [ INCHES ] FT [ ] ABOVE / [X] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 28.00 ] [ INCHES ] FT [ ] ABOVE / [X] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 4.00 ] 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.

T

H

E

R

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist I

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

DATE ISSUED: 04/17/2025 EXPIRATION DATE: 10/17/2026

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

Incorporated 62-6.004, FAC

Page 1 of 3

K/L

SSC 105501881



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

PERMIT NO. 25-0341  
DATE PAID: 4-15-25  
FEE PAID: \$425.00  
RECEIPT #

2204597

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR.

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

APPLICANT: REVOCABLE METZ FAMILY TRUST LLC EMAIL: SIKA57@AOL.COM

AGENT: FARRIN METZ TELEPHONE: 772.263.2051

MAILING ADDRESS: 493 NW AMBLESIDE DR, 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: 40 BLOCK: \_\_\_\_\_ SUBDIVISION COBBLESTONE UNIT 2 PLATTED \_\_\_\_\_

PROPERTY ID #. 24-35-16 0000/0000 ZONING RSF-2 I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.81 ACRES WATER SUPPLY: [ ☒ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / ☒ ] DISTANCE TO SEWER \_\_\_\_\_ FT

PROPERTY ADDRESS: 473 NW AMBLESIDE DR, LAKE CITY, FL 32055

DIRECTIONS TO PROPERTY. TAKE 90 WEST TO BASCOM NORTH, TURN RIGHT TO LAKE  
JEFFERY ROAD TURN LEFT, GO ABOUT 1 MILE TO COBBLESTONE DBU, TURN  
RIGHT ON BRIDEWATER TERR. GO TO AMBLESIDE DR, TURN LEFT GO TO END  
LOT ON RIGHT

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	<u>SINGLE FAMILY</u>	<u>4</u>	<u>4,134</u>	<u>2576sqft</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

SIGNATURE: [Signature] DATE: 4-14-25

DEP 4015, 06-21-2022 (Obsoletes 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-3101062  
APPLICATION #: AP2204597  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2240449

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: METZ FAMILY \*25-0341 TRUST  
PROPERTY ADDRESS: 473 NW AMBLESIDE Dr Lake City, FL 32055  
LOT: 40 BLOCK: \_\_\_\_\_ SUBDIVISION: COBBLESTONE U-2  
PROPERTY ID #: 1600000000 [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: [X] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]

N  
F LOCATION OF BENCHMARK: Nail in tree w/ pink ribbon E of system site

I ELEVATION OF PROPOSED SYSTEM SITE [ 14.00 ] [ INCHES ] FT [ ] ABOVE / [ ] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 28.00 ] [ INCHES ] FT [ ] ABOVE / [ ] BELOW BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: [ 4.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O  
T  
H  
E  
R  
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: Sean P Havens TITLE: Environmental Specialist I

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 04/17/2025 EXPIRATION DATE: 10/17/2026

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

Incorporated 62-6.004, FAC

K/L