



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

PERMIT #: **12-SC-2932883**
APPLICATION #: **AP2098981**
DATE PAID: **6/21/24**
FEE PAID: **310.00**
RECEIPT #: _____
DOCUMENT #: **PR2123210**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: DOROTHY**24-0520 BAILEY LIVING TRUST
PROPERTY ADDRESS: 151 SW SCOTT Lake City, FL 32025
LOT: 25 BLOCK: _____ SUBDIVISION: Russwood Unit 4
PROPERTY ID #: 02853-425 [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

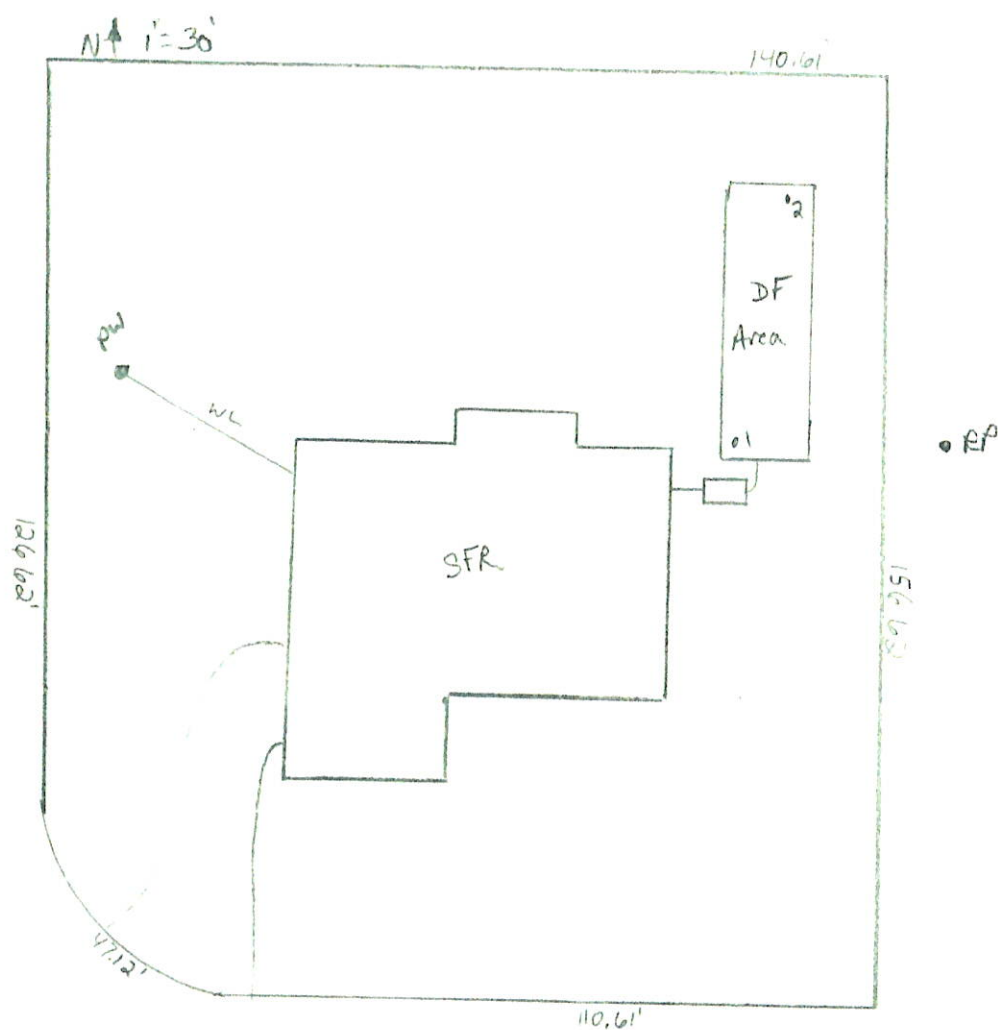
T [500] GALLONS / GPD Aerobic Treatment Unit CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []
D [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []
N
F LOCATION OF BENCHMARK: Top of corner pole of neighbors chainlink fence
I ELEVATION OF PROPOSED SYSTEM SITE [49.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [79.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] 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 System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
E Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final system approval.
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 07/08/2024 EXPIRATION DATE: 01/08/2026

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

24-0520



Homean Heer
23-206Y
6-18-2Y

Mam Bruck
6-18-2Y

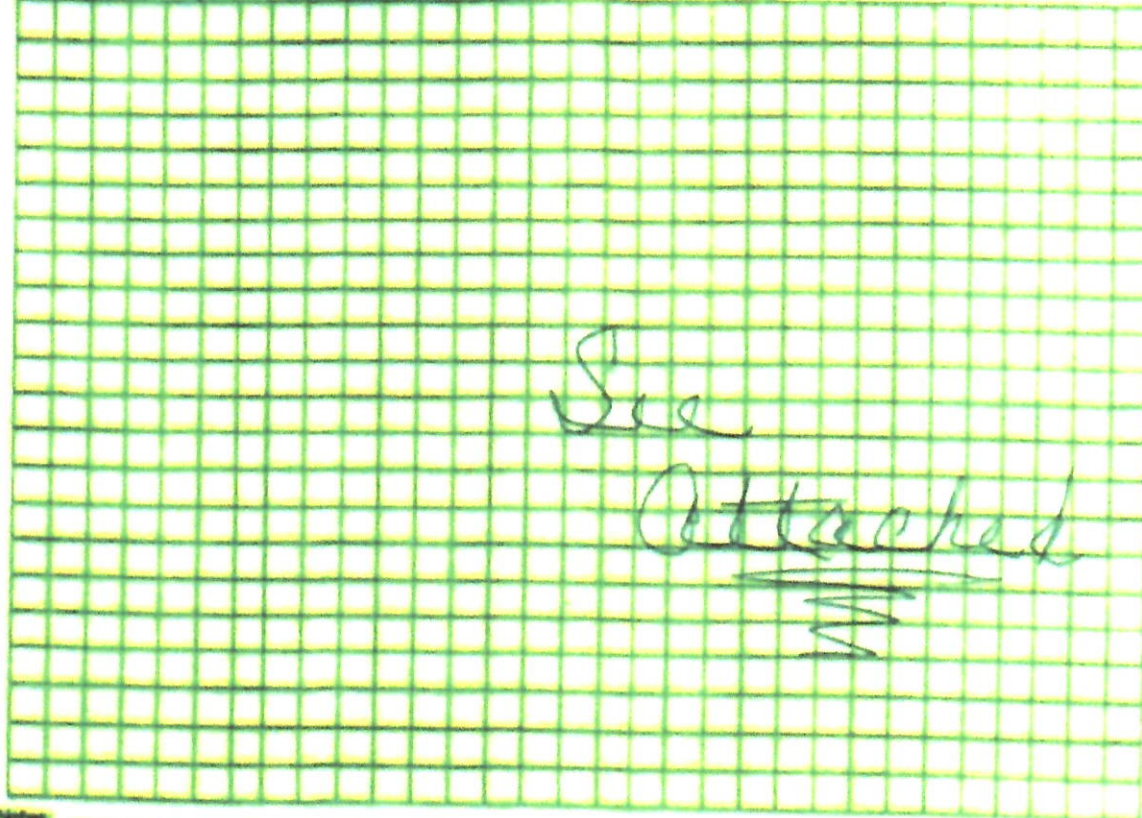
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

24-0520

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes:

Site Plan submitted by

H. Koon

Plan Approved

✓

Not Approved

By

[Signature]

ES2

Columbia

Date 7/18/24

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 08-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

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

PERMIT NO. 24-0520
DATE PAID: 6/21/24
FEE PAID: 210.00
RECEIPT #: 2098481

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Dorothy Bailey Living Trust EMAIL: _____
AGENT: Byrd's Plumbing and Septic Inc. TELEPHONE: 386 209 1097
MAILING ADDRESS: 1829 East US 27 Mayo FL 32066

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: 25 BLOCK: _____ SUBDIVISION: Russwood Est. Unit 4 PLATTED: _____

PROPERTY ID #: 1045-16-02853-425 ZONING: _____ I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: .5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 151 SW Scott Pl. Lake City 32025

DIRECTIONS TO PROPERTY: Take 247 S, TR on Troy, TR on Russwood, TL on Bethany, TR on Dorothy, TR on Scott to property on L @ corner of Scott & Gillen

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>SFR</u>	<u>4</u>	<u>2522</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: M. B. B. DATE: 6-18-24

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

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