

STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL emailed 3525 SYSTEM Willevet@Adl.com

ERMIT	#: 12-SC-3081094
APPLICATION	#: AP2192526

ICATION	#	: <u>AP2192526</u>

DATE PAID:

FEE PAID:

RECEIPT #:

The state of the s		DOCUMENT :	PR2220619
CONSTRUCTION PERM	TT FOR: OSTDS New		in transfering
	LIE**25-0133 LAMNECK	Management of the comment of the com	Academic Academic
		Springs, FL 32643	
LOT:		IVISION:	The olympeco
PROPERTY ID #:	09834-112	[SECTION, TOWNSHIP, RANGE, P. [OR TAX ID NUMBER]	ARCEL NUMBER]
WHICH SERVED AS PERMIT APPLICATION ISSUANCE OF THI	AND CHAPTER 64E-6, F.A.C. FORMANCE FOR ANY SPECIFIC A BASIS FOR ISSUANCE OF	DEPARTMENT APPROVAL OF SYSTEM DEPARTMENT APPROVAL OF SYSTEM DEFINED OF TIME. ANY CHANGE DETAILS PERMIT, REQUIRE THE APPLICATE RESULT IN THIS PERMIT BEING MADE THE APPLICANT FROM COMPANY APPLICANT FROM COMPANY APPLICANT.	N MATERIAL FACTS NT TO MODIFY TH
N [] GALLO K [] GALLO K [] GALLO D [375] SQUAR R [] SQUAR A TYPE SYSTEM: I CONFIGURATION: N F LOCATION OF BENCE I ELEVATION OF PROPE E BOTTOM OF DRAINFT L D FILL REQUIRED:	LONS / GPD New Multi-Chambe LONS / GPD N/A NS GREASE INTERCEPTOR CAPACITY INS DOSING TANK CAPACITY [E FEET Drainfield E FEET N/A [*] STANDARD [] FILLED [*] TRENCH [] BED HMARK: Nail in 10" pine tree west of POSED SYSTEM SITE [24.00] ELD TO BE [38.00]	CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GA]GALLONS @[]DOSES PER 24 HR SYSTEM [] MOUND [] []]	S #Pumps [REFERENCE POINT REFERENCE POINT
SPECIFICATIONS BY:	PAUL LLOYD	TITLE: PSE	
APPROVED BY:	TITLE:	Environmental Specialist I	Columbia
DATE ISSUED:	O2/19/2025	EXPIRATION DATE:	Columbia
DEP 4015, 06-21-202 Incorporated 62-6.0	2 (Obsoletes previous editions 04, FAC	which may not be used)	08/19/2026

KR

NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the agency clerk is 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000. The Agency Clerk's email is agency_clerk@FloridaDEP.gov.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Environmental Protection and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number: ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT 210' 190'TO NORTH PL SLOPE SITE 1 **NORTH** CR# 24-00440 651 -WELL SITE 2 TBM 951 WATER LINE PORCH 210' PORCH UNPAVED DRIVE 1 INCH = 40 FEET NO WELLS WITHIN 100'

Date 2

CPHU

Site Plan Submitted By

Plan Approved

Notes:



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

CR# 24-00440
PERMIT NO. 25-0123
DATE PAID: 510.00
RECEIPT #: 2192524

Page 1 of 4

APPLICATION FOR CONSTRUCTION PERMIT	- 1 - 5 (
APPLICATION FOR: [X] New System [] Existing System [] Holding Tank [] : [] Repair [] Abandonment [] Temporary []	Innovative
APPLICANT: MATALIE LANGUE CLE	callmeonthephone.com
AGENT: JEFF JOHNSON / PAUL LLOYD TELEPHONE: (
MAILING ADDRESS: 2917 SE COUNTRY CLUB RD. LAK CITY	FL 32025
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PRO	. IT IS THE
PROPERTY INFORMATION OSTDS REMEDIATION	PLAN? [Y/N
LOT: N/A BLOCK: N/A SUPPLYICATION PROFESSIONAL	ATTED:
PROPERTY ID #: 33-6S-17-09834-112 ZONING: AG I/M OR EQUIVAL	ENT: [NO]
PROPERTY SIZE: 10.120 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000G	PD [1>2000cpr
IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SE	EWER: N/A FT
PROPERTY ADDRESS: 929 SW OLD LAKE CITY TERR. HIGH SPRINGS	
TAKE US 441 SOUTH. TURN RIGHT ON CR 18. TURN LEFT ON O TERR.SITE ON LEFT.	LD LAKE CITY
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL	
Unit Type of No. of Building Commercial/Institutional S No. Establishment Bedrooms Area Sqft Table 1, Chapter 62-6, FAC	System Design
1 HOUSE 3 1872	
2	
3	
4	
[] Floor/Equipment Drains [] Other (Specify)	
SIGNATURE: DATE:)	11/20
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC	14103