

SSO 264405742



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

PERMIT NO: 24-0715
DATE PAID: 9/24/04
FEE PAID: 425.00
RECEIPT #: 2147725

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: CURTIS JONES

EMAIL: CJCUSTOMCARPENTRYINC@gmail.com

AGENT:

TELEPHONE: 239-571-0699 (cell)

MAILING ADDRESS: 222 SW CROSS POINTE CT, LAKE CITY, FL 32024

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: BLOCK: SUBDIVISION: PLATTED:

PROPERTY ID #: 16-48-16-03041-017 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.88 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: (911 Application #66996) SW LEGION DR, LAKE CITY, FL 32024

DIRECTIONS TO PROPERTY: 90 WEST TO 247 TO TAMARACK LP (RT) - LEFT ON SW LEGION DR, 1/2 WAY UP ON RIGHT SIDE

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
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1	ACCESSORY DWELING	1	1,800	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Curtis Jones

DATE: 9/20/2004

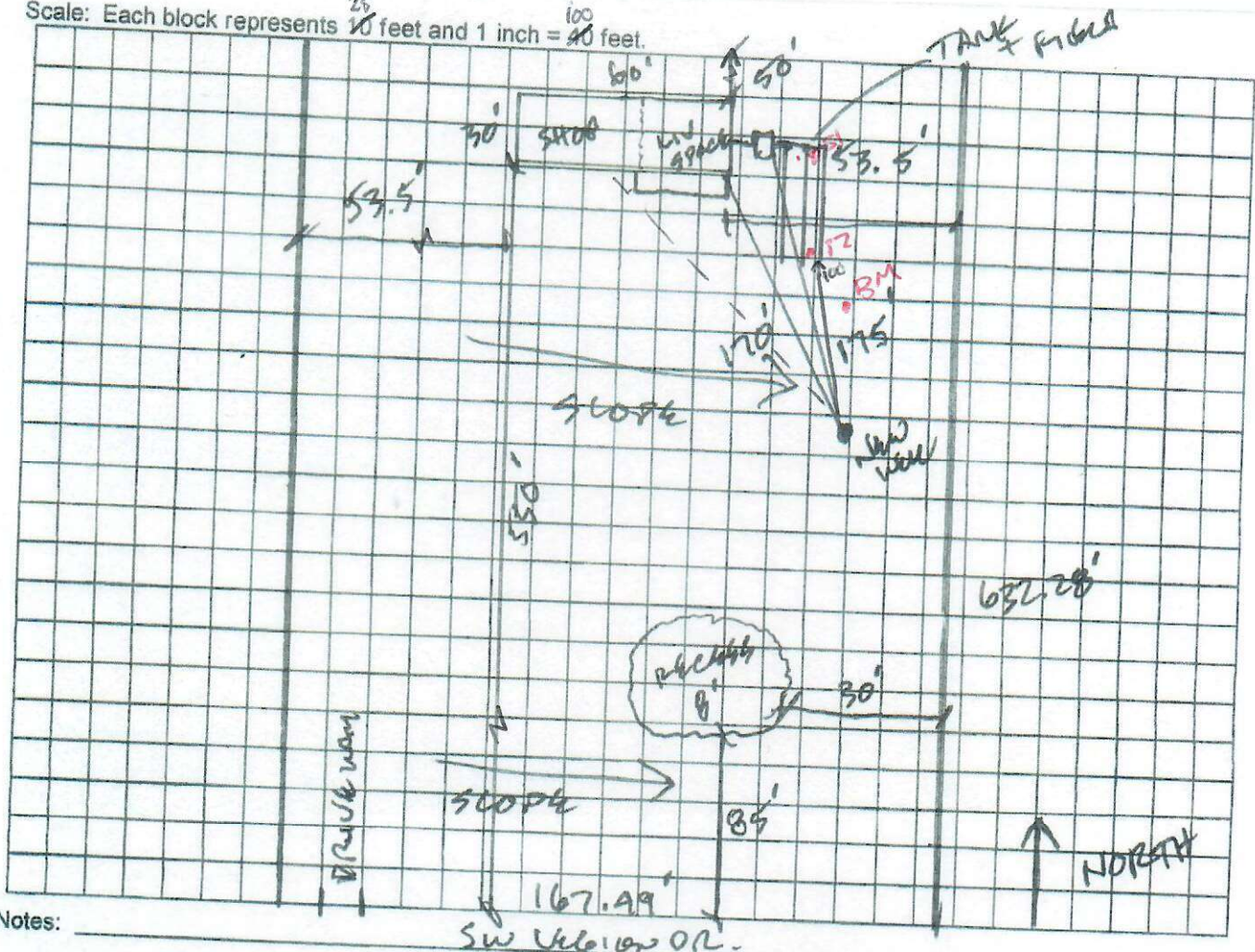
STATE OF FLORIDA
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

24-0715

PART II - SITEPLAN

Scale: Each block represents $\frac{25}{10}$ feet and 1 inch = $\frac{100}{40}$ feet.



Notes:

Site Plan submitted by:

Plan Approved

By

Not Approved

Date 9/16/24

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.



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

14-0715
PERMIT #: 12-SC-3001480
APPLICATION #: AP2147725
DATE PAID: 9/24/24
FEE PAID: 425.00
RECEIPT #:
DOCUMENT #: PR2170570

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: CURTIS**24-0715 JONES

PROPERTY ADDRESS: SW LEGION Lake City, FL 32024

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 03041-017

[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 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 [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: Nail in tree w/ pink ribbon SE of system site

I ELEVATION OF PROPOSED SYSTEM SITE [54.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [70.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [2.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 300 gpd.

T

H ***Fill may be closer to 6-8 inches at some spots due to sloping of property.

E

R

SPECIFICATIONS BY: Sean P Havens

TITLE: Environmental Specialist I

APPROVED BY: Sean P Havens

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 10/21/2024

EXPIRATION DATE: 04/21/2026

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

KH