



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

PERMIT NO. 26-1120
DATE PAID: 2/2/26
FEE PAID: 185.00
RECEIPT #: 2288163

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Shirley Nicholson EMAIL: KeenPermitting@gmail.com

AGENT: Kristopher Keen TELEPHONE: (352) 356-7220

MAILING ADDRESS: 768 NE 143 Ave. Old Town Fl 32680

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 #: 16-55-17-09189-061 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 6.76 ACRES WATER SUPPLY: PRIVATE PUBLIC] <=2000GPD] >2000GPD

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

PROPERTY ADDRESS: 9566 S us Hwy 441 Lake City Fl 32025

DIRECTIONS TO PROPERTY: GPS is Accurate

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	EXISTING SFR	3	1584	
2	NEW SFR	3	1127	
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: K. Keen 25-2940 DATE: 1/21/26

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

E-MAILED
K. Keen 2/6/22

PERMIT #: 12-SC-4076156
APPLICATION #: AP2288162
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2370301

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: SHIRLEY**26-0130 NICHOLSON
PROPERTY ADDRESS: 9566 S US HWY 441 Lake City, FL 32025
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 09189-001 [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 [750] GALLONS / GPD Existing septic tank CAPACITY
A [0] GALLONS / GPD _____ CAPACITY
N [0] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @[] DOSES PER 24 HRS #Pumps []
D [225] SQUARE FEET Drainfield SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND [] _____
I CONFIGURATION: [X] TRENCH [] BED [] _____
N
F LOCATION OF BENCHMARK: Center of tank lid
I ELEVATION OF PROPOSED SYSTEM SITE [5.00] [INCHES] FT [] ABOVE / [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [23.00] [INCHES] FT [] ABOVE / [] BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

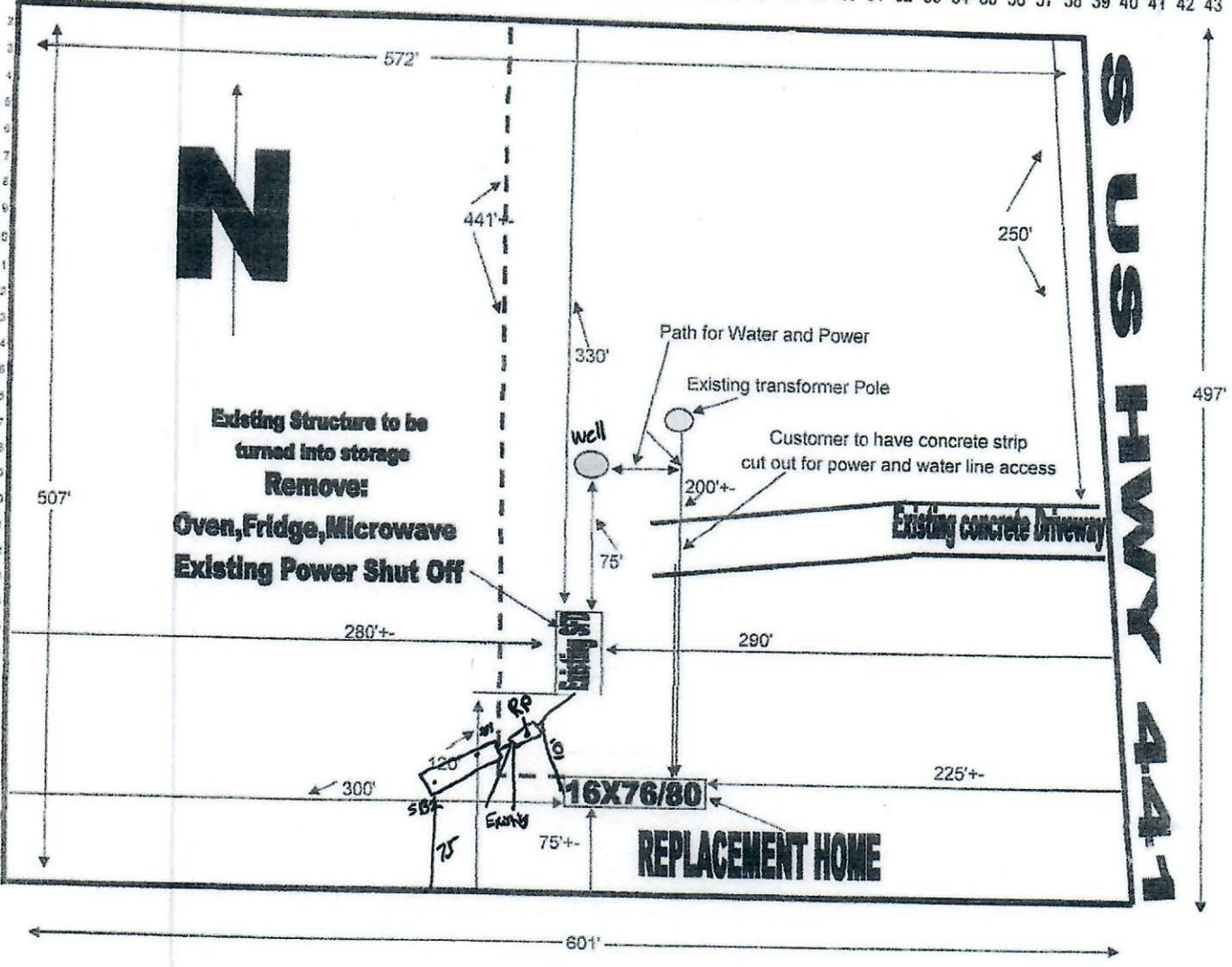
O The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimated flow of 300 gpd.
T CHD recommends updating system to new code standards with 375sqft of drainfield and bottom of DF at 5" below BM with
H 18 inches of fill. Dosing tank to be added if gravity flow cannot be achieved.
E Required drainfield area based on Rule 62-6.015(6)(c)2., F.A.C.
R Install a new drainfield to achieve Drainfield size requirement.

SPECIFICATIONS BY: Kristopher L Keen TITLE: Private Provider 2940
APPROVED BY: Sean P Havens TITLE: Environmental Specialist II Columbia CHD
DATE ISSUED: 02/06/2026 EXPIRATION DATE: 05/07/2026

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

21A-0130

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43



K. Man
25-2940
1-2-26

[Signature]
Columbia 2/6/26

Shirley Nicholson

BUYER Hedges, William PARCEL ID# 10-5s-09189-001 DATE DRAWN 1/14/2026
 ACREAGE 6.76 DEALER: STARS & STRIPES 386-365-8549