



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

PERMIT #: 12-SC-2856467
APPLICATION #: AP2044125
DATE PAID: 3/4/24
FEE PAID: 300.00
RECEIPT #: _____
DOCUMENT #: PR2060125

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ANDREW**24-0165 ZOW
PROPERTY ADDRESS: 335 SE GRAHAM Lake City, FL 32055
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 10462-000 [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 _____ Septic tank _____ 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: [] STANDARD [x] FILLED [] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____

F LOCATION OF BENCHMARK: Nail w/ pink ribbon in power pole.

I ELEVATION OF PROPOSED SYSTEM SITE [68.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [78.50] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [8.00] INCHES EXCAVATION REQUIRED: [0.00] 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
H
E
R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 03/08/2024 EXPIRATION DATE: 09/08/2025

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



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

PERMIT NO. 24-0115
DATE PAID: 3/4/25
FEE PAID: 310.00
RECEIPT #: 2044/25

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☒ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☒ Soil report included

APPLICANT: Andrew Zow

EMAIL: Lamanda.Mote@gmail.com

AGENT: Permitting Services / Lamanda Mote

TELEPHONE: 3862889673

MAILING ADDRESS: 301 SW Faul 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 #: 20-65-18-10642-000 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 36 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 100' FT

PROPERTY ADDRESS: 335 SE Graham CT Lake City FL

DIRECTIONS TO PROPERTY: Onto SW Main Blvd, Onto SE 41st, Onto I-75 South, exit 414 onto US-441 toward High Spgs, Onto SE CR 18, Onto SE Graham CT destination on C

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>New MH</u>	<u>3bed</u>	<u>1264sqft</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Lamanda Mote

DATE: 2/20/2024

DEP 4015, 66-21-2022 (obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0145

----- PART II - SITEPLAN -----

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

Please see attached.

Notes: _____

Please see to scale site plan
Lacke out of 36.

Site Plan submitted by: Lacke

Plan Approved [Signature] Not Approved _____ Date 3/8/24

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Incorporated: 62-6.004, F.A.C.

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