



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

PERMIT #: 12-SC-4040613  
APPLICATION #: AP2273359  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2347555

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: DEVON\*\*25-0814 DICKS  
PROPERTY ADDRESS: SE HIGH FALLS Rd Lake City, FL 32025  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 10515-001 [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 [ 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: [ ] STANDARD [ ] FILLED [x] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]  
N  
F LOCATION OF BENCHMARK: Nail with red ribbon in fence post on road  
I ELEVATION OF PROPOSED SYSTEM SITE [ 25.50 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 19.50 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 24.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

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. Dosing tank w/ pump to be used if gravity flow cannot be achieved.

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP  
APPROVED BY:  TITLE: Environmental Specialist I Columbia CHD  
DATE ISSUED: 10/28/2025 EXPIRATION DATE: 04/28/2027

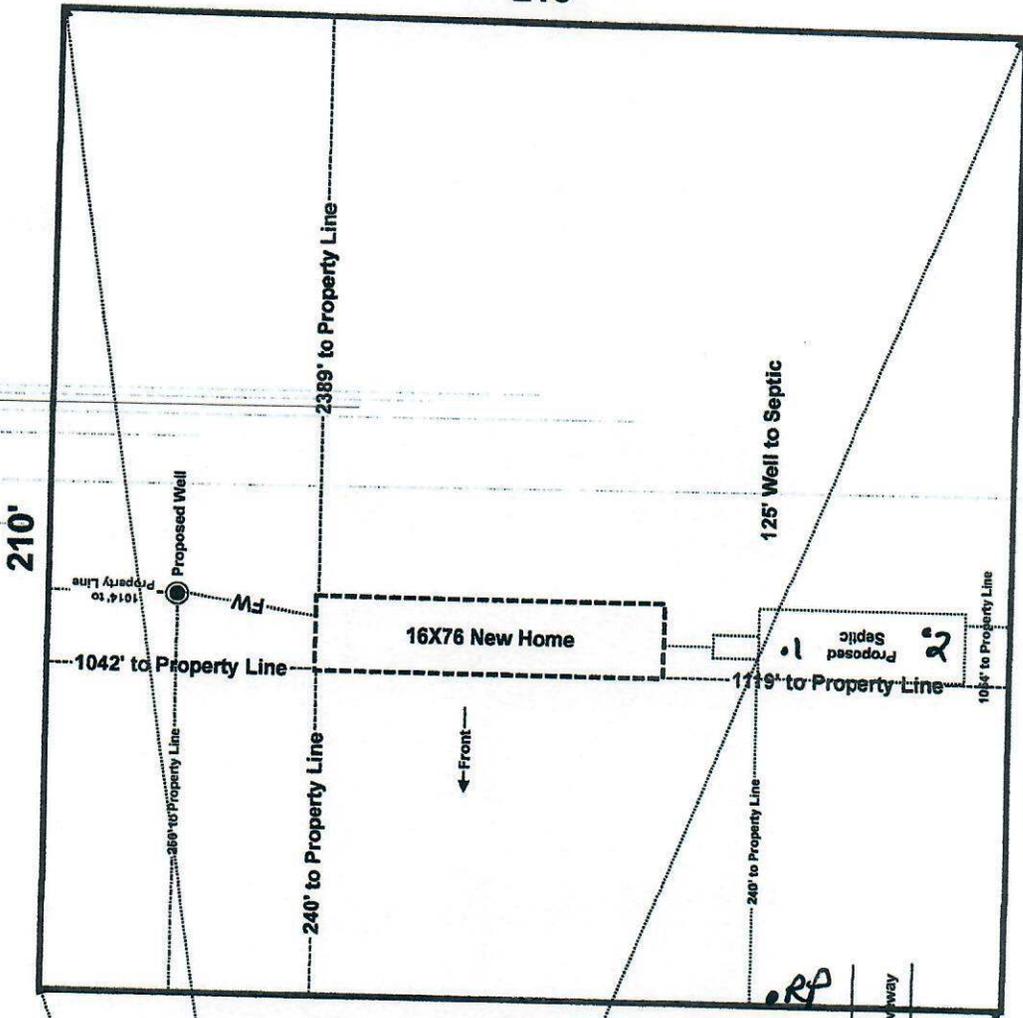
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Incorporated 62-6.004, FAC

*KR*

250814

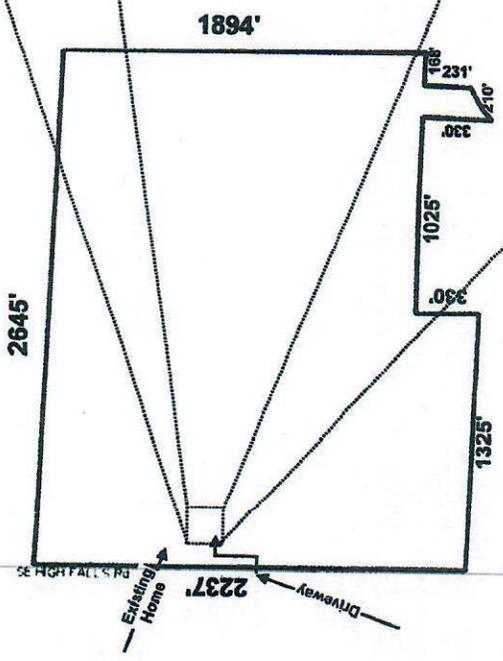
Brody Pack  
10/7/25

210'



Scale 1" = 40'

Devon Dicks  
Parcel: 31-4S-18-10515-001  
TBD SE High Falls Road Lake City, FL



Notes:

1. This is a 1 acre to scale section of a 128.25 acre parcel.
2. Driveway access on SE High Falls Road

*Karen Dean*  
252064  
10-16-25



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

PERMIT NO. 25-0814  
DATE PAID: 10/17/25  
FEE PAID: 918.00  
RECEIPT #: 2272359

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Devon Dicks    EMAIL: \_\_\_\_\_  
AGENT: Keen Permitting LLC    TELEPHONE: 352-356-1333  
MAILING ADDRESS: 474 NE 628th ST. 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) (a) 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 #: 31-4s-18-10515-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 128.25 ACRES WATER SUPPLY:  PRIVATE PUBLIC  <-2000GPD  >2000GPD

IS SEWER AVAILABLE AS PER 391.0065, FS?  Y /  N DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: SE High Falls Rd, Lake City 32025

DIRECTIONS TO PROPERTY: TL on E Dual St, Slight R on SR 100 E,

TR on SE CR 245, TL on Ebenezer Rd, TL on SE High Falls Rd, property on R

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	SFR-MH	3	1,128	
2				
3				
4				

Floor/Equipment Drains     Other (Specify) \_\_\_\_\_  
SIGNATURE: James Clerk    23 8064    DATE: 10/16/2025

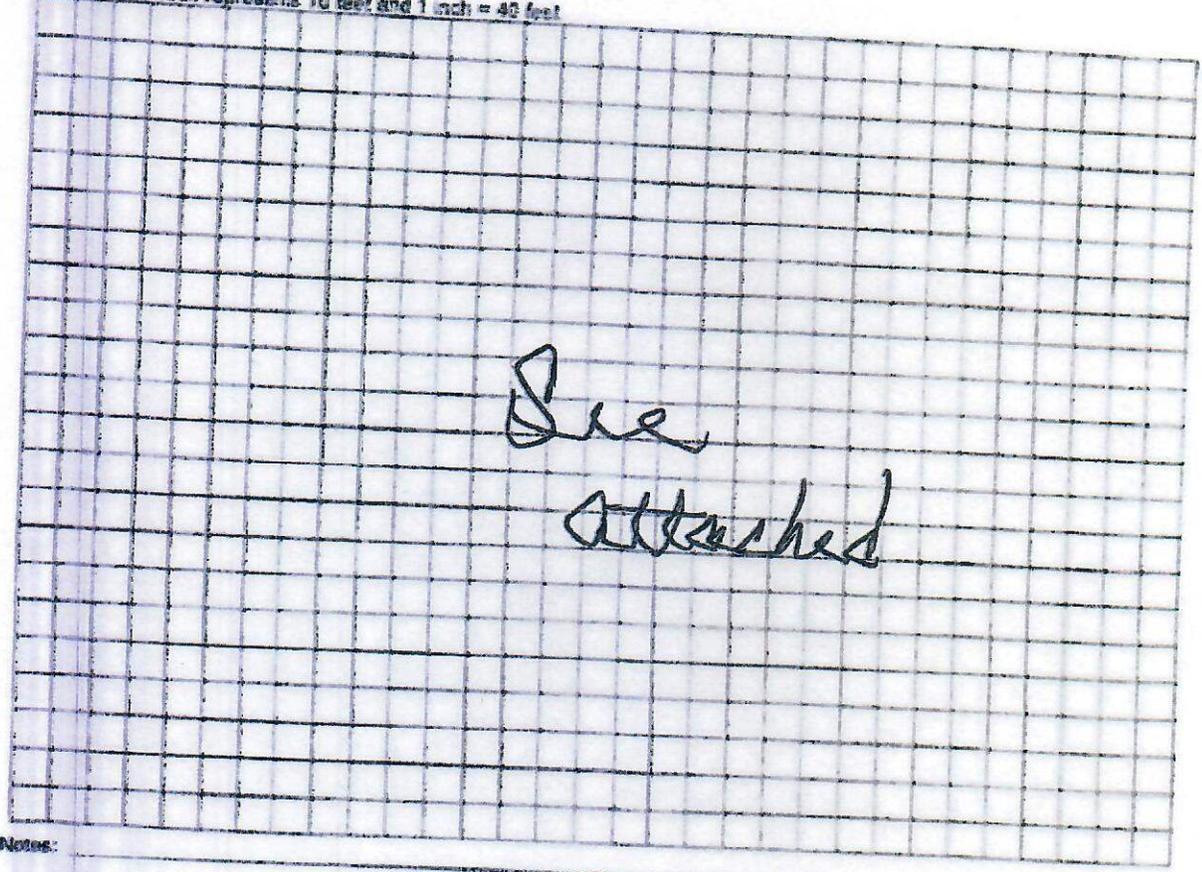
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STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0814

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

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



Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by K. Keen

Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date 10/28/25  
By [Signature] Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

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