



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

PERMIT #: 12-SC-2313846  
APPLICATION #: AP1681940  
DATE PAID: 6/10/2021  
FEE PAID: 310.00  
RECEIPT #: 12-PIN-5053960  
DOCUMENT #: PR1582389

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: MICHAEL\*\*21-0558 EMERY

PROPERTY ADDRESS: 3151 CUSTOM MADE Lake City, FL 32024

LOT: 5 BLOCK: SUBDIVISION: Oaks of Lake City PH1

PROPERTY ID #: 09280-105

[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 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 [ 250 ] SQUARE FEET New 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 in 4x4 post E of system site

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES ] FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 33.00 ] [ INCHES ] FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [ 9.00 ] 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 200 gpd.

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 06/21/2021 EXPIRATION DATE: 12/22/2022

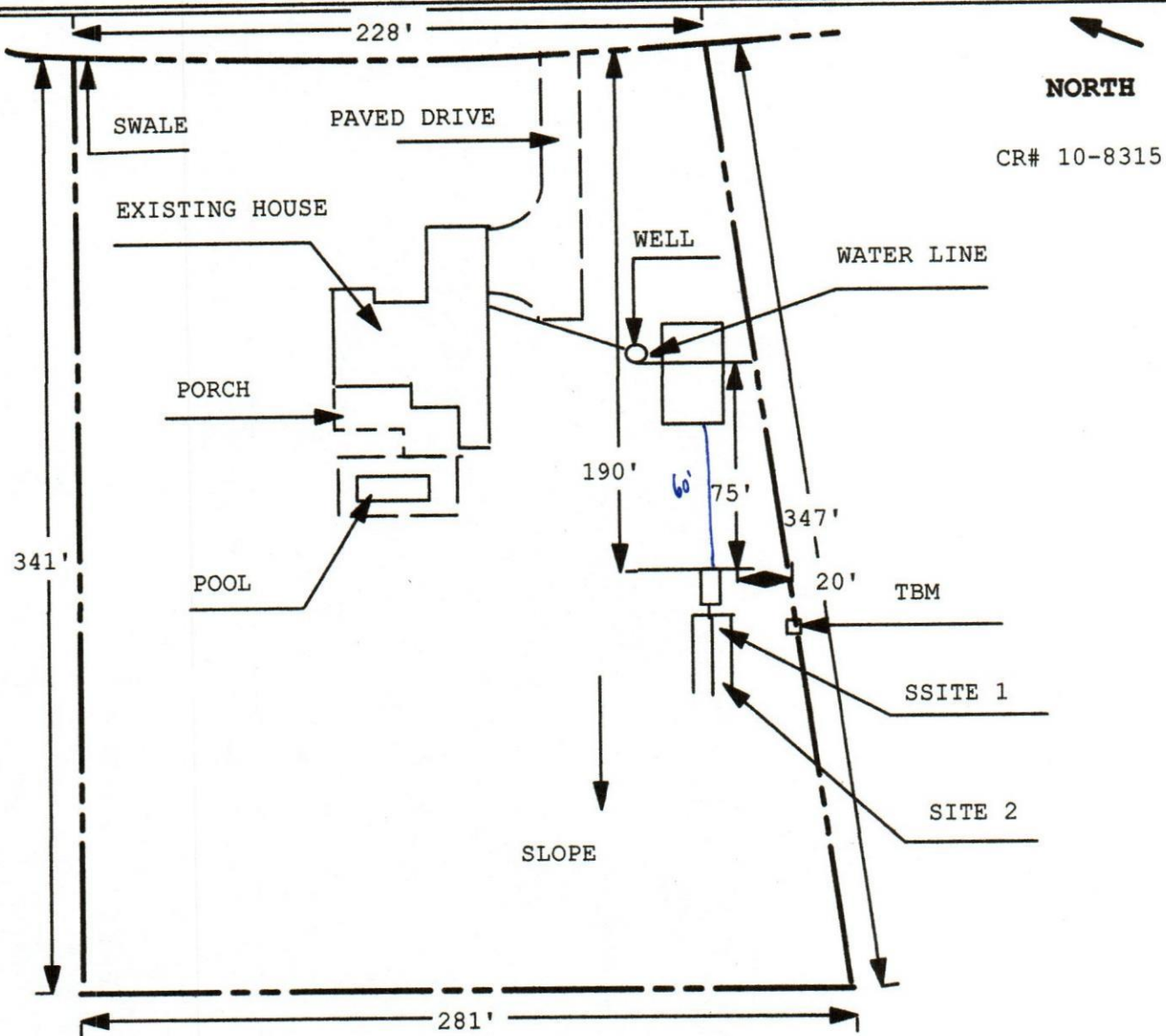
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

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**Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan**  
Permit Application Number: 21-0558

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



NO WELLS WITHIN 100'

1 INCH = 60 FEET

Site Plan Submitted By Pam I. Rhyne Date 8/16/21  
Plan Approved ✓ Not Approved ✗ Date 4/29/2021

By Kelli Long Columbia CPHU

Notes: \_\_\_\_\_



CR # 10-8315



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 21-0558  
DATE PAID: 4/18/21  
FEE PAID: 318.00  
RECEIPT #: 1281940

## APPLICATION FOR:

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

APPLICANT: MICHAEL AND ALICE EMERYAGENT: BLAKE CONSTRUCTION COMPANYTELEPHONE: (386) 867-0296MAILING ADDRESS: 618 SE FLORIDA GATEWAY DRIVE 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

LOT: 5 BLOCK: N/A SUBDIVISION: OAKS OF LAKE CITY PHASE 1 PLATTED: \_\_\_\_\_PROPERTY ID #: 18-5S-17-09280-105 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐PROPERTY SIZE: 2.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPDIS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FTPROPERTY ADDRESS: 3151 CUSTOM MADE CIRCLE LAKE CITYDIRECTIONS TO PROPERTY: 

TAKE 441 SOUTH, TURN RIGHT ON TUSTENUGGEE AVE, TURN RIGHT ON CUSTOM MADE CIRCLE SITE ON LEFT

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>GUEST HOUSE</u>	<u>1</u>	<u>792</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Verified by PDFFiller

Blake N. Lundell, PresidentDATE: 06/17/2021

06/17/2021

DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
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