

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

	PERMIT	#: 12-SC-3148277
A	APPLICATION	#: AP2224830
	DATE PAIN	D:
	FEE PAI	D:
	RECEIPT	#:

100 miles (100 miles (FOR: OSTDS Repair	racy Cards a energial as agency, creduced	
APPLICANT: IRONWO	OOD**25-0500 HOMES OF LAKE CITY		igh our juner
PROPERTY ADDRESS:	230 SW MARCH Lake City, FL 32024	Landa de la calcula de la c	D. W.Y.
LOT:	BLOCK:SUBDIVISION	N: Yell impos no of right way for sevil	M S division
PROPERTY ID #: 027	772-167	[SECTION, TOWNSHIP, RANGE, PAR [OR TAX ID NUMBER]	RCEL NUMBER]
SATISFACTORY PERFORMIT APPLICATION. ISSUANCE OF THIS	ND CHAPTER 64E-6, F.A.C. DEF RMANCE FOR ANY SPECIFIC PERIO A BASIS FOR ISSUANCE OF THIS	PERMIT, REQUIRE THE APPLICANT ULT IN THIS PERMIT BEING MADE APPLICANT FROM COMPLIANCE WITH	ES NOT GUARANTEN MATERIAL FACTS I TO MODIFY THE NULL AND VOID
A [0] GALLON N [0] GALLON K [] GALLON D [375] SQUARE R [0] SQUARE A TYPE SYSTEM: I CONFIGURATION: N F LOCATION OF BENCHM I ELEVATION OF PROPO E BOTTOM OF DRAINFIE L D FILL REQUIRED:	INS / GPD EX. Septic Tank INS / GPD S GREASE INTERCEPTOR CAPACITY [MAXIST STANK CAPACITY [MAXIST CAPACITY CA	CAPACITY KIMUM CAPACITY SINGLE TANK:1250 GAI GALLONS @[]DOSES PER 24 HRS M M M] MOUND [] HES FT][ABOVE BELOW] BENCHMARK/F HES FT][ABOVE BELOW] BENCHMARK/F HES FT][ABOVE BELOW] BENCHMARK/F	#Pumps []
The system is sized for 300 gpd. THE SPECIFICATIONS BY:	(Joshua) Kameron Keen	TITLE: CEHP	
APPROVED BY:	Dustin W Jones Enviro	onmental Specialist II	Columbia CHD
DATE ISSUED:	06/27/2025		

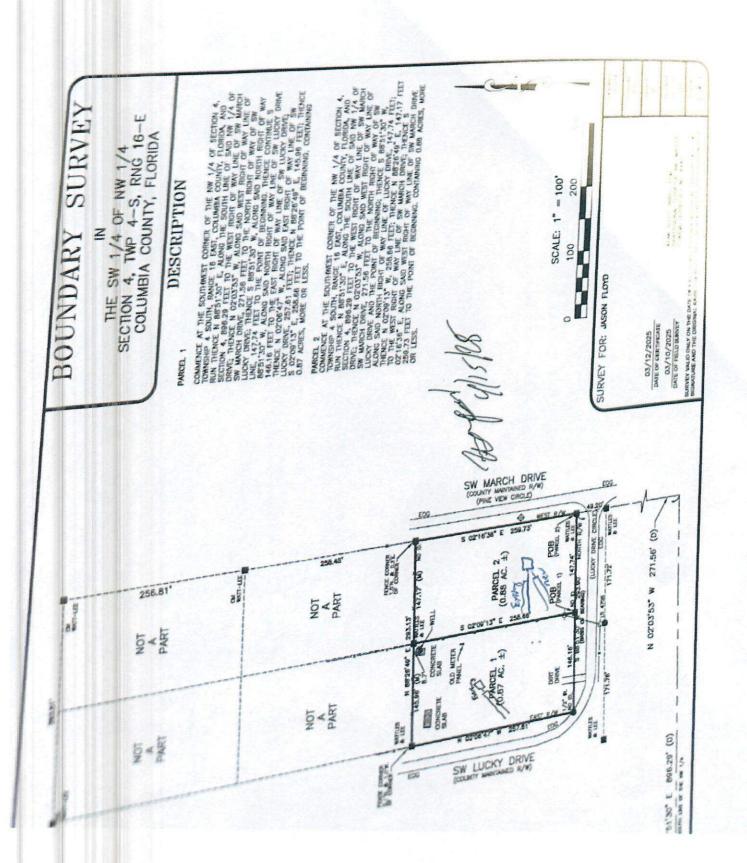


STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)

PREMIT IN DATE PAID: FRE PAID: PROFIET #: 7384830

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Repair [] Abandonment [] Temporary []
APPLICANT: Ironhand Homes of Like CAy EMAIL: byodsseper
AGENT: Muson Byrd (Byrd's Phumbing & Septre, Jnc) TELEPHONE: 386 201
MAILING ADDRESS: 1829 & US 27 Mayo, FC 32066
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCT 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? [② / ②
LOT: BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: 04-45-16-02772-167(47445) ZONING: I/M OR EQUIVALENT: [② / 🔞]
PROPERTY SIZE: _5 ACRES WATER SUPPLY: [] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/0] DISTANCE TO SEWER:
PROPERTY ADDRESS: 230 SW Merch Dr Lake City FL 32055
DIRECTIONS TO PROPERTY: 90 west, Left on Pine mount Rd, Right on Ja
Magled Forme, Emmediate belt on SW Merch Dr. Ste on Left
on NW corner of SW March Dr + SW Lanks Don
BUILDING INFORMATION [] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No. Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1 SFR - Mobile Hom 3 1352
2
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: DATE: 5/18/13
DED 4015 06-21-2022 (0)1-1



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

25-0500

	·RP		PW
6	List of Existry	SFR	
		DV	
Notes:		on Shr March De	
Site Plan : Plan Appr By	submitted by: Mason Byrd	Not Approved	Date <u>6/27/25</u> County Health Department