

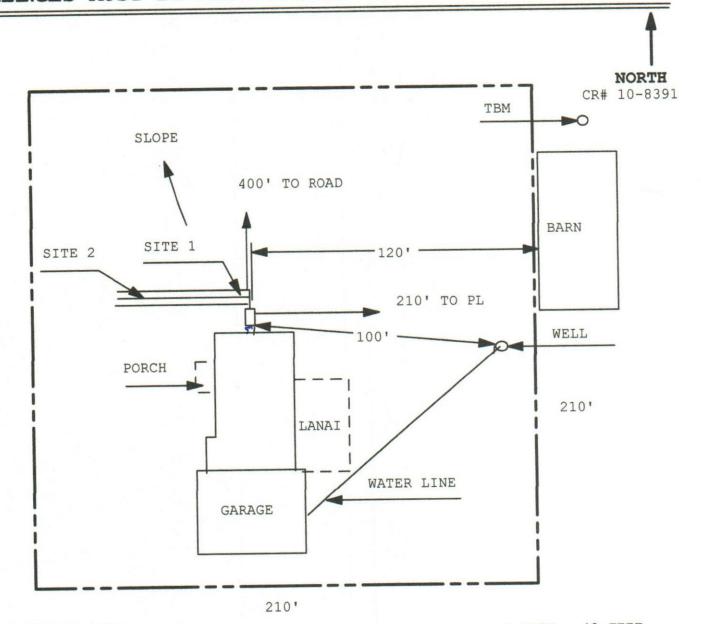
STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT NO. 2 - 0705
DATE PAID:
FEE PAID:
RECEIPT #:

APPLICATION APPLICATION FOR: [X] New System [] [] Repair []				k []	Innovativ	re
APPLICANT: RONNIE SHUMAN /	BETH KUBEKRA	A AS TRUSTE				
AGENT: BLAKE CONSTRUCTION			T	ELEPHONE:	(386) 752-06	75
MAILING ADDRESS: 618 SW FLO	RIDA GATEWAY	DRIVE	LAKE 0	CITY	FL 32	024
TO BE COMPLETED BY APPLICAN BY A PERSON LICENSED PURSUA APPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQUE	NT TO 489.10 TO PROVIDE D	5(3)(m) OR OCUMENTATIO	489.552, FLORII	DA STATUT	ES. IT IS	THE
PROPERTY INFORMATION						
LOT: 182 BLOCK: N/A	SUBDIVISION	: WESTWINE	ESTATES		PLATTED:	
PROPERTY ID #: 07-04S-16-6279	01-101	ZONIN	G:AG I/M	OR EQUIV	ALENT: [NO]
PROPERTY SIZE: 10.000 ACRES	WATER SUPP	LY: [X] PR	IVATE PUBLIC]<=200	0GPD []>	2000GPD
IS SEWER AVAILABLE AS PER 3	881.0065, FS?	[NO]	DIS	TANCE TO	SEWER: N	I/A FT
PROPERTY ADDRESS: 205 SW MA	DISON CT, LAK	E CITY				
DIRECTIONS TO PROPERTY: TA	KE 90 WEST, TI I LEFT	JRN LEFT ON	PINE MT RD, TURI	N LEFT ON	MADISON C	T, 1ST
BUILDING INFORMATION [X	RESIDENTIA	L [] COM	MERCIAL			
Unit Type of No. Establishment	No. of Bedrooms		Commercial/Ins Table 1, Chapt		-	esign
1 HOUSE	2	2,260				
2		2,200				
3			>			
4						
[] Floor/Equipment Trail	Ser 1 Othe	r (Specify)	17			
	N Lunde 11	- (253025)/		DATE:	08/17/2021	

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100'

1 INCH = 40 FEET

Site Plan	Plan Submitted Approved	By Carly Not Approved	Claff Date	Date_	8/16/21
ву	Kuh	Reg	^	lunhia	СРНИ
Note	s:	0			



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

PERMIT #: 12-SC-2352746

APPLICATION #: AP1715443

DATE PAID: 8/15/2021

FEE PAID: 31000

RECEIPT #: 0410-5169341

DOCUMENT #: PR1624496

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: RONNIE**21-0705 SHUMAN	
PROPERTY ADDRESS: 205 SW MADISON Lake City, FL 32024	
LOT: 1,2 BLOCK: SUBDIVISION: WESTWIND	one distinguish
PROPERTY ID #: 02791-101 [SECTION, TOWNSHIP, RANGE [OR TAX ID NUMBER]	, PARCEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND SECURITY OF SYSTEM AS AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPREAMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	E IN MATERIAL FACTS, LICANT TO MODIFY THE MADE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] GALLONS / GPDNew Septic CAPACITY	
A [] GALLONS / GPD N/A CAPACITY	
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 12:	50 GALLONS]
K [] GALLONS DOSING TANK CAPACITY []GALLONS @[]DOSES PER 2	
D [500] SQUARE FEET New drainfield SYSTEM	
R [] SQUARE FEET N/A SYSTEM	
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []	
I CONFIGURATION: [X] TRENCH [] BED []	
N	
F LOCATION OF BENCHMARK: Nail in power pole NE of system site	
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES FT] [ABOVE BELOW BENCH	MARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [50.00] [INCHES FT] [ABOVE BELOW] BENCH	MARK/REFERENCE POINT
L	
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES	
The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total 400 gpd.	estimated flow of
T T	
	I
H	
E	
R	
SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE	
APPROVED BY: Kuli C/Rogers TITLE: Environmental Specialist II	Columbia CHD
DATE ISSUED: 08/25/2021 EXPIRATION	DATE: 02/25/2023
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)	
Incorporated: 64E-6.003, FAC	Page 1 of 3

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SE1581125