



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

FW

550 051501978

PERMIT NO. 25-0156  
DATE PAID: 2/20/25  
FEE PAID: 425.00  
RECEIPT #: 21947164

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Richard Blackburn

EMAIL: Corey.amin@xoxo.com

AGENT: Corey Amin

TELEPHONE: 352-810-9068

MAILING ADDRESS: 14901 Main Street Alachua, FL 32615

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: 32 BLOCK:        SUBDIVISION: River Rise U2 PLATTED:       

PROPERTY ID #: 16-75-17-10006-232 ZONING:        I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 6.9 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 1149 SW Marynuk Dr High Springs FL

DIRECTIONS TO PROPERTY: Take 441 South. Turn onto CR 778. Turn onto  
Sw Marynuk Dr. Property is in back of Subdivision B Cul-de-Sac

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
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1	<u>SFR</u>	<u>3</u>	<u>2,209</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)       

SIGNATURE: Corey

DATE: 2/13/15





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

PERMIT #: **12-SC-3083595**  
APPLICATION #: **AP2194164**  
DATE PAID: **2/20/25**  
FEE PAID: **425.00**  
RECEIPT #:  
DOCUMENT #: **PR2233037**

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: RICHARD\*\*25-0156 BLACKBURN  
PROPERTY ADDRESS: 1199 SW MARYNIK Dr High Springs, FL 32643  
LOT: 32 BLOCK: SUBDIVISION: River Rise Residential S/D  
PROPERTY ID #: 10006-232 [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 [ 462 ] SQUARE FEET 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 tree w/ red tape NW of system site

I ELEVATION OF PROPOSED SYSTEM SITE [ 61.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 89.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] 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 System can be raised three inches to 86" below BM for SL 0.8 sizing for 375sqft of drainfield, although due to slope in  
H property, might require fill at back end of system.  
E  
R

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist I

APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 03/06/2025 EXPIRATION DATE: 09/06/2026

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

10/11

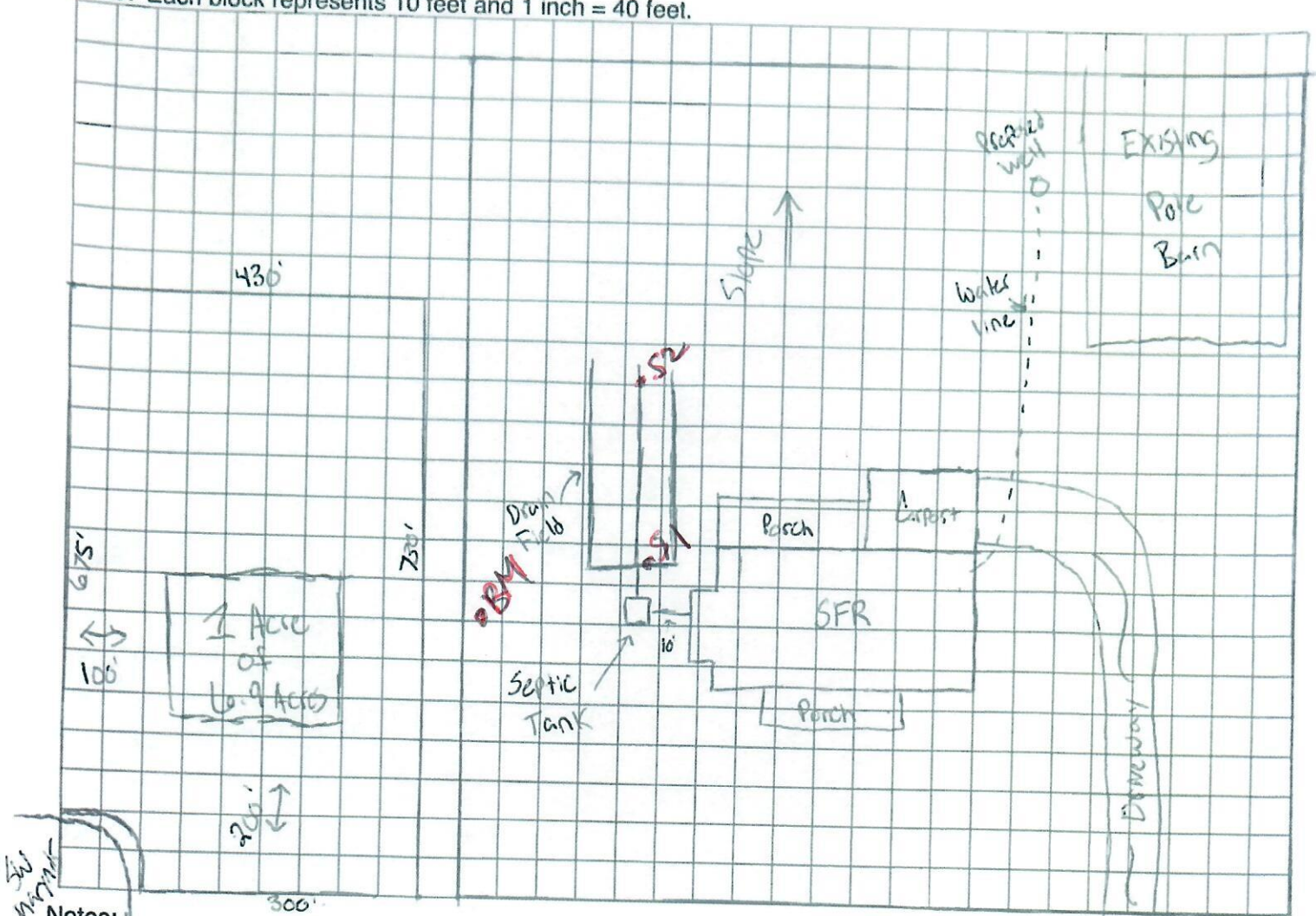


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 25-0156

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

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



Notes:

Site Plan submitted by: Corey Amick

Plan Approved ☒

Not Approved ☐

Date 3/6/25

By

[Signature] Columbia

County Health Department

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