



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

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-9008

PERMIT NO: 21-06699  
DATE PAID: 8/3/22  
FEE PAID: 310.00  
RECEIPT #: 1872445

APPLICATION FOR:

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

APPLICANT: DANIELLE & BRIAN MCCANTS

AGENT: DANIELLE & BRIAN MCCANTS / Paul Lloyd

TELEPHONE: (704) 746-7082

MAILING ADDRESS: 425 SE FAMILY ROAD

LAKE CITY

FL 32055

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: 6 BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: \_\_\_\_\_

PROPERTY ID #: 13-5S-17-09221-001 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 18.910 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 425 SE FAMILY ROAD LAKE CITY

DIRECTIONS TO PROPERTY: TAKE 90 EAST. TURN RIGHT ON HIGHWAY 100. TURN RIGHT ON PRICE CREEK ROAD. TURN LEFT ON FAMILY ROAD. SITE IS THIRD 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>MOBILE HOME</u>    | <u>3</u>        | <u>1,920</u>       |  |
| 2        |                       |                 |                    |  |
| 3        |                       |                 |                    |  |
| 4        |                       |                 |                    |  |

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

SIGNATURE: Paul Lloyd

DATE: 7/28/22



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

PERMIT #: 12-SC-2554913  
APPLICATION #: AP1872465  
DATE PAID: 8/3/22  
FEE PAID: 30.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1811853

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: DANIELLE\*\*22-0669 MCCANTS  
PROPERTY ADDRESS: 425 SE FAMILY ROAD Lake City, FL 32024  
LOT: 6 BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
PROPERTY ID #: 09221-002 [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 [ 225 ] GALLONS DOSING TANK CAPACITY [ 50.00 ] GALLONS @ [ 6 ] DOSES PER 24 HRS #Pumps [ 1 ]

D [ 375 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [ ] STANDARD [ ] FILLED [x] MOUND [ ]  
I CONFIGURATION: [x] TRENCH [ ] BED [ ]

F LOCATION OF BENCHMARK: Nail in 4" pine north of system site

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

E BOTTOM OF DRAINFIELD TO BE [ 20.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [ 22.00 ] 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  
H Performing Lift Dosing.  
E Pumps must be certified as suitable for distributing sewage effluent.  
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 08/10/2022 EXPIRATION DATE: 02/10/2024

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

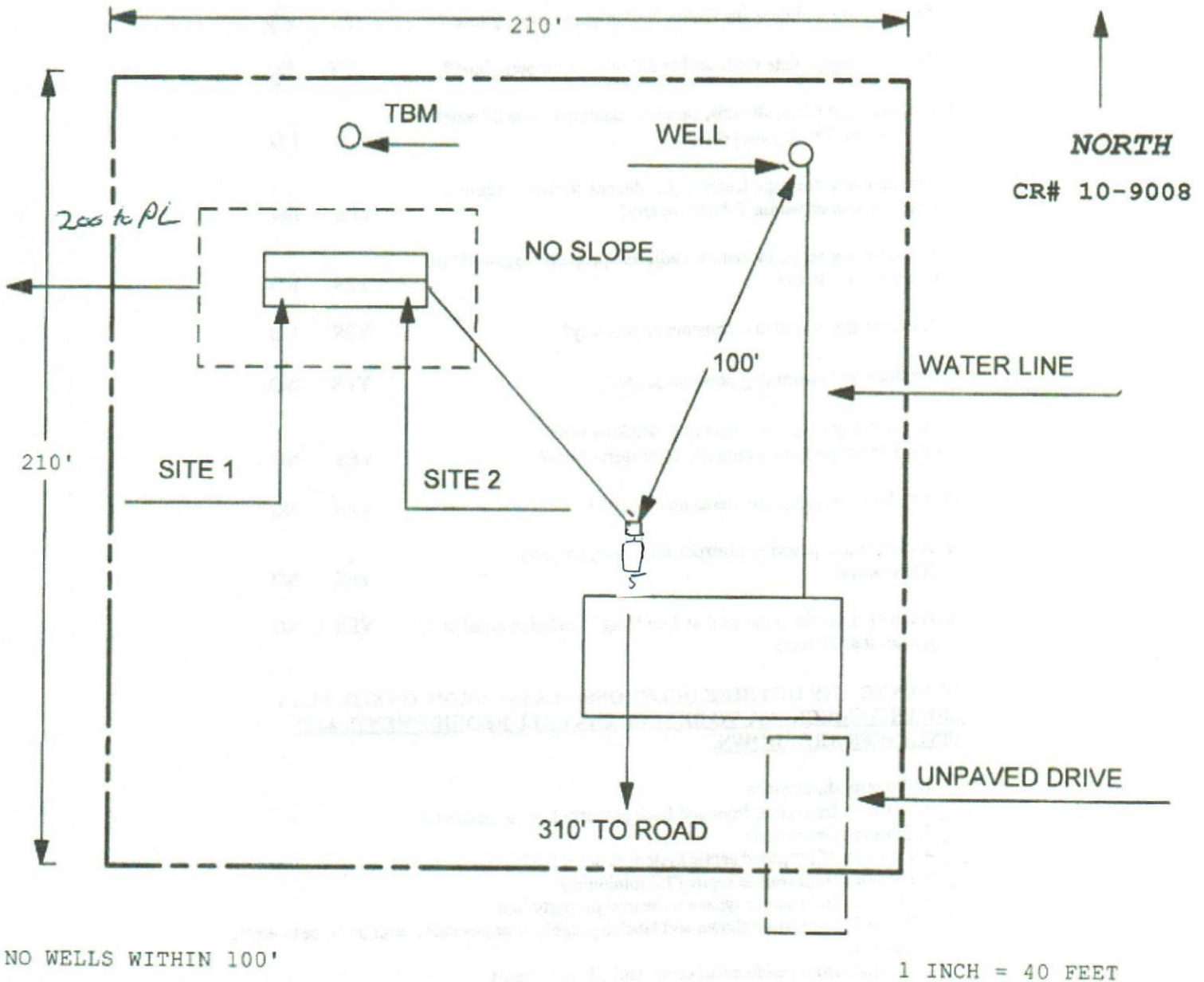
Incorporated: 64E-6.003, FAC

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SF

Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan  
Permit Application Number: 22-06649

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By \_\_\_\_\_ Date \_\_\_\_\_  
Plan Approved ☒ Not Approved \_\_\_\_\_ Date 8/10/22  
By [Signature] ES2 Columbia CPHU

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