



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

CR # 24-00646

PERMIT NO. 25-0560
DATE PAID: 7/10/25
FEE PAID: 310.00
RECEIPT #: 2238468

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: ROY & TERESA CANTER LIVING TRUST

EMAIL: Office@Howardseptic.com

AGENT: HOWARD SEPTIC

TELEPHONE: (386) 935-1518

MAILING ADDRESS: PO BOX 180

BRANFORD

FL 32008

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: 6 BLOCK: N/A SUBDIVISION: REPLAT CANNON CREEK EST. PLATTED: 10-9

PROPERTY ID #: 12-4S-16-02935-206 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 2.260 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 128 SW CAPTINS GLN. LAKE CITY

DIRECTIONS TO PROPERTY:

TAKE 90 WEST. TURN LEFT ON SISTERS WELCOME RD. TURN LEFT ON SW LOCKHEED LN. TURN RIGHT ON SW FENNING WAY, TO END. TURN RIGHT ON CAPTINS GLN. 1ST ON LEFT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	HOUSE	2	2,844	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature]

DATE: 7-7-25



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

PERMIT #: 12-SC-3165508
APPLICATION #: AP2238968
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2294128

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ROY & TERESA**25-0560 CANTER LIVING TRUST
PROPERTY ADDRESS: 128 SW CAPTAIN'S Gln Lake City, FL 32055
LOT: 6 BLOCK: _____ SUBDIVISION: Cannon Creek Estates, Lot 9 Rep
[SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
PROPERTY ID #: 02935-206 [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 [1,050] 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 [500] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Nail in 10" 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 [42.00] [INCHES] FT [] ABOVE / [] BELOW BENCHMARK/REFERENCE POINT

L
D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T
H
E
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

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

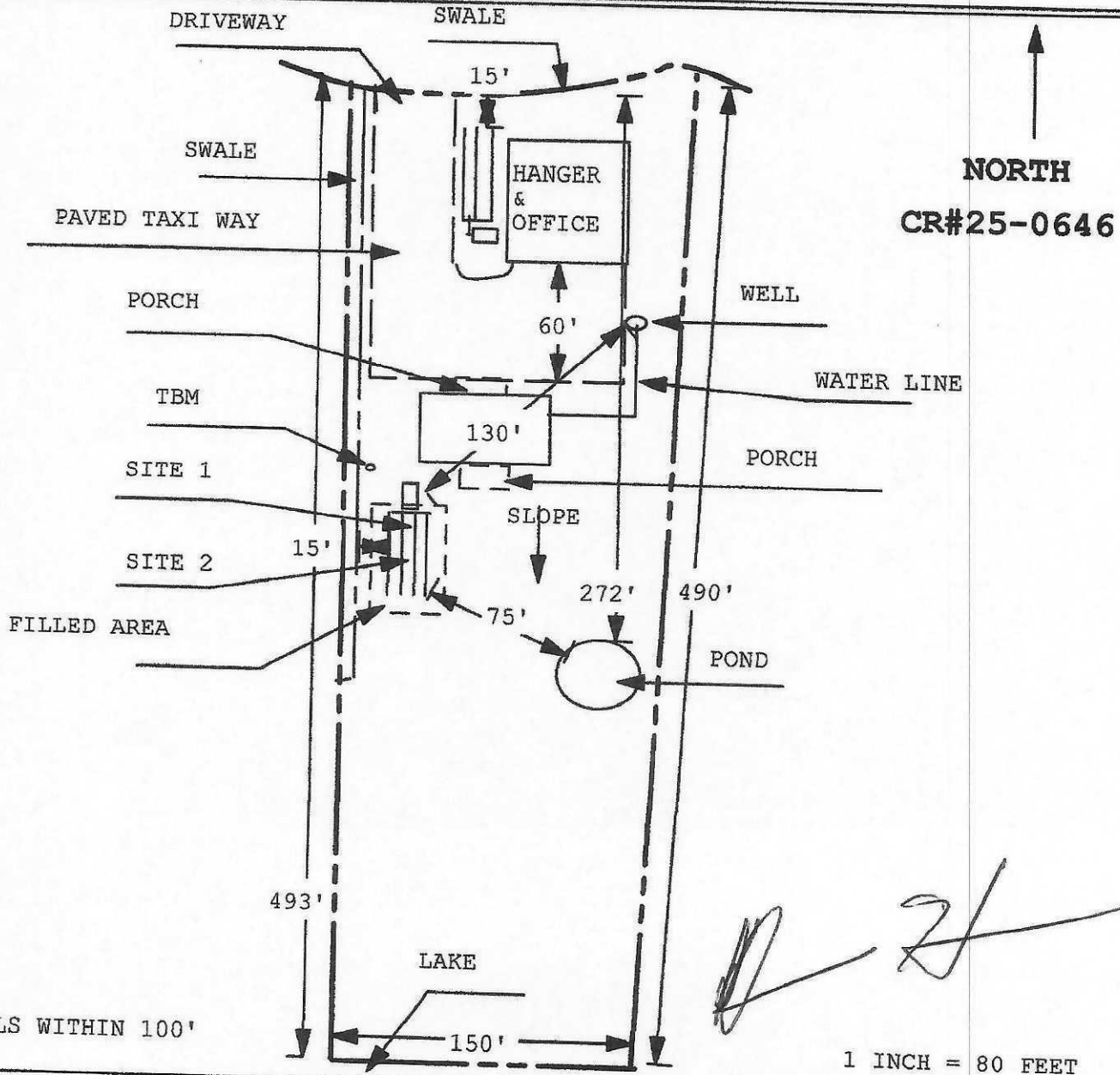
DATE ISSUED: 07/16/2025 EXPIRATION DATE: 01/16/2027

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

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

Permit Application Number: 25-0560

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100'

Site Plan Submitted By Paul Rhyed Date 7/7/25
 Plan Approved ☒ Not Approved ☐ Date 7/16/25
 By [Signature] Columbia CPHU

Notes: _____