



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



E-MAILED PERMIT #: **12-SC-4006326**

APPLICATION #: **AP2250952**

DATE PAID: _____

FEE PAID: _____

RECEIPT #: _____

DOCUMENT #: **PR2344374**

anyday

10-31-25
1pm

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: LISA**25-0770 BIXLER

Sparky: 954-444-7941

PROPERTY ADDRESS: CHALLENGER Ln Lake City, FL 32025

LOT: 13 BLOCK: _____ SUBDIVISION: Country Landing

PROPERTY ID #: 08106-1133 [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

NEW

T [400] GALLONS / GPD Aerobic Treatment Unit 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 [282] 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 40" oak north east of system site

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

E BOTTOM OF DRAINFIELD TO BE [45.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT

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 300 gpd.

T System will be 50% nitrogen reducing ATU as required by BMAP restriction in code, using a 24" water table separation.
H Nitrogen reducing NSF-245 certified aerobic treatment unit required." Maintenance contract and operating permitting also required. Maintenance contract with fee also required before final system approval.

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

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

DATE ISSUED: 10/02/2025 EXPIRATION DATE: 04/02/2027

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

KR



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

CR # 24-00722

PERMIT NO. 25-0770
DATE PAID: 1/18/25
FEE PAID: 318.00
RECEIPT #: 2250952

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: LISA & TIMOTHY BIXLER / RJH CONSTRUCTION

EMAIL: office@howardseptic.com

AGENT: HOWARD SEPTIC

TELEPHONE: (386) 935-1517

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: 13 BLOCK: N/A SUBDIVISION: COUNTRY LANDINGS PLATTED: _____

PROPERTY ID #: 07-4S-17-08106-1130 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 0.497 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: CHALLENGER LANE LAKE CITY

DIRECTIONS TO PROPERTY: TAKE SR 47 SOUTH. TURN RIGHT ON MARVIN BURNETT RD. TURN LEFT ON SW DEANNA TER. TURN RIGHT ON SW BAMBIE LN. TURN LEFT ON SW WINGS TER. TURN RIGHT ON SW CHALLENGER LN. SITE 3ED FROM END 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	1,215	
2				
3				
4				

☐ Floor/Equipment Drains ☒ Other (Specify) _____

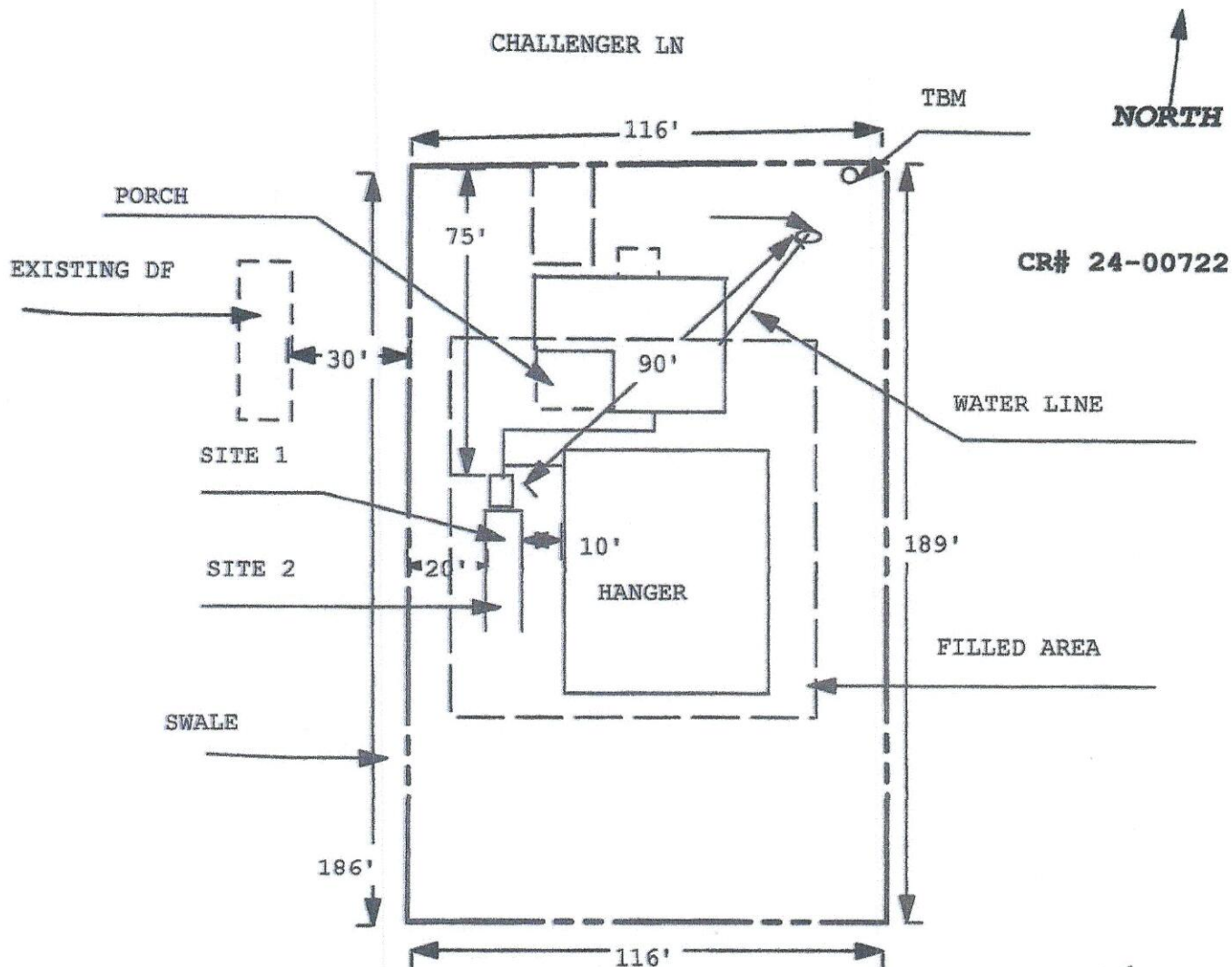
SIGNATURE: [Signature]

DATE: 9-30-25

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

Permit Application Number: 25-0770

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



1 INCH = 40 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By Paul L. Lyle Date 9/29/25
 Plan Approved ☒ Not Approved ☐ Date 10/2/25
 By [Signature] Columbia CPHU

Notes: _____