

830 212 505269



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

PERMIT NO. 25-0614
DATE PAID: 7/9/25
FEE PAID: 300.00
RECEIPT #: 222222

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: JBC Builders/JASON EASON EMAIL: info@jbc-builders.com

AGENT: Dustin Busscher TELEPHONE: 386-391-7993

MAILING ADDRESS: 235 SW Twilight Way, Lake City FL 32024

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: 4 BLOCK: SUBDIVISION: Russward Estates PLATTED:

PROPERTY ID #: 10-48-110-02853-304 ZONING: RES I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 0.75 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 150 SW Bethany Place, Lake City FL 32024

DIRECTIONS TO PROPERTY:

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	mother in law suite	1	800	Orig 08-0251 attached
2				2970 sq ft. 4 Bedrm
3				
4				

[] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: DATE: 7/9/25

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



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

PERMIT #: **12-SC-3181419**
APPLICATION #: **AP2242342**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2317093**

CONSTRUCTION PERMIT FOR: OSTDS Existing Modification

APPLICANT: JASON**25-0614 EASOM

PROPERTY ADDRESS: 150 SE BETHANY Lake City, FL 32024

LOT: 4 BLOCK: _____ SUBDIVISION: Russwood Est U-3

PROPERTY ID #: 02853-304 [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 [1,050] GALLONS / GPD 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 [575] SQUARE FEET _____ 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 post w/ pink ribbon

I ELEVATION OF PROPOSED SYSTEM SITE [13.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [43.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

L

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

O The system is sized for 5 bedrooms with a maximum occupancy of 10 persons (2 per bedroom), for a total estimated flow of 460 gpd.

T

H Add 95 sqft to existing 480sqft for a total of 575sqft.

E

R

SPECIFICATIONS BY: Sean P Havens

TITLE: Environmental Specialist I

APPROVED BY: Kyle B Roberts TITLE: Environmental Manager

Columbia CHD

DATE ISSUED: 08/07/2025

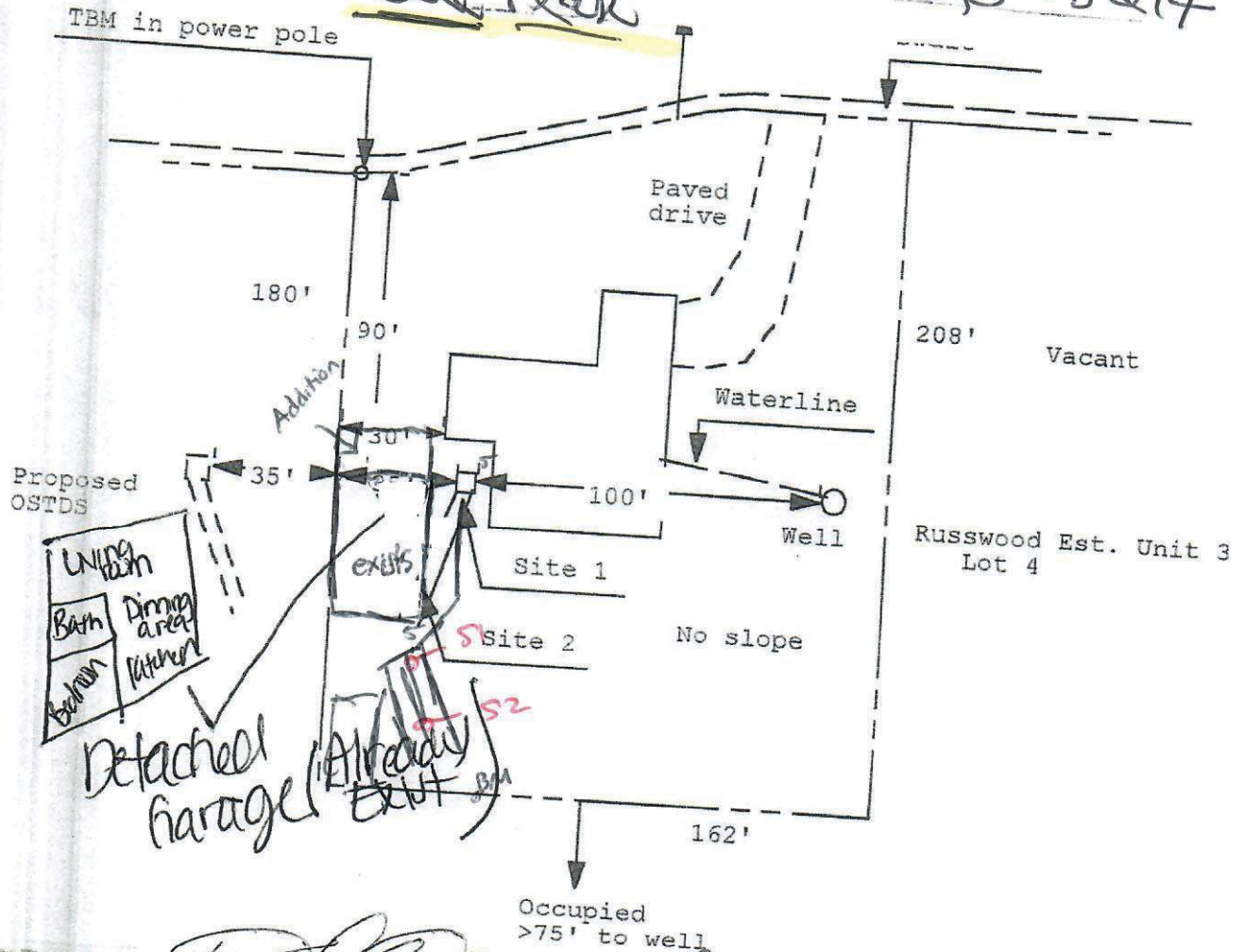
EXPIRATION DATE: 02/07/2027

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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Site Plan

Permit Application Number 25-0614



1 inch = 50 feet

Site Plan submitted by [Signature]

Plan Approved [Signature]

By [Signature]

Not Approved [Signature]

Cohabitation

Date 8/15/25

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6 004 F A C