FOR PAYMENT CONTACT (352) 792-4047 AND EMAIL PERMITS TO RIVERCITYENVIRONMENT@GMAIL.COM





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



PERMIT NO. 24-0463

DATE PAID: 611124

FEE PAID: 5310.00

RECEIPT #: AP 2096380

	APPLICA	TION FOR CO	RELEACTION PERMIT	r.			200	
	CATION FOR: New System Repair		kisting Syste]	Holding Tank Temporary	: []	Innovative
APPLI	CANT: Martin McAlh	eny				EM	ATL: rivercity	environment@gmail.com
AGENT	: Jannyck Gonima (Ri	ver City Enviro	nmental,LLC)			TE	ELEPHONE	: (352) 792-4047
	NG ADDRESS: 100	94						
TO BE BY A APPLI PLATT	COMPLETED BY A PERSON LICENSEI CANT'S RESPONSI ED (MM/DD/YY) I	APPLICANT D PURSUANT BILITY TO	OR APPLICANT TO 489.105(D PROVIDE DOC TING CONSIDER	'S AUTHOR (3) (m) OR (UMENTATION (ATION OF	IZE 489 N O STA	D AGENT. SYS .552, FLORIDA F THE DATE TH TUTORY GRANDF	TEMS MUSTATUTE STATUTE E LOT WE TATHER PE	ST BE CONSTRUCTED ES. IT IS THE AS CREATED OR
	RTY INFORMATION							TION PLAN? [No]
LOT:	13 BLOCK:	NA	SUBDIVISION:	River Rise Un	it 1			PLATTED: 2005
PROPE	RTY ID #: 16-7S- RTY SIZE: 5.33 WER AVAILABLE A RTY ADDRESS: 46	ACRES AS PER 383	Dr, High Springs, FL	No]	IVA	TE PUBLIC []<=2000	ALENT: [No] OGPD []>2000GPD SEWER: NA FT ty will be on the right.
BUILD	ING INFORMATION		[√] RESIDE	NTIAL		[] COMMERC	IAL	
Unit No	Type of Establishment			Building Area Sqft		mmercial/Inst		al System Design
1	NEW SFR			2484		7		
2								
3							v	
4					-			
	Place/P	h D=-1						
[]	Floor/Equipmen	t Drains	[] Othe	r (specify	() -			
SIGNA'	TURE:	(7Ga	uuu			DATE:	6/3/2024



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

PERMIT #: 12-SC-2929052

APPLICATION #: AP2096380

DATE PAID: 6/11/24

FEE PAID: 310.00

RECEIPT #: PR2109165

CONSTRUCTION PERMIT	FOR: OSTDS New			
APPLICANT: MARTIN	**24-0463 MCALHENY			
PROPERTY ADDRESS:	460 SW MARYNIK Dr	High Springs, FL 326	43	
LOT: <u>13</u>	BLOCK:	SUBDIVISION:	River Rise Residential S/D	
PROPERTY ID #: 10	0006-213		[SECTION, TOWNSHIP, RANGE, PAR [OR TAX ID NUMBER]	CEL NUMBER]
SATISFACTORY PERFO WHICH SERVED AS PERMIT APPLICATION ISSUANCE OF THIS	AND CHAPTER 64E-6, ORMANCE FOR ANY SI A BASIS FOR ISSUA	ECIFIC PERIOD NCE OF THIS F ONS MAY RESULT EXEMPT THE AP	TMENT APPROVAL OF SYSTEM DOING OF TIME. ANY CHANGE IN PERMIT, REQUIRE THE APPLICANT IN THIS PERMIT BEING MADE PLICANT FROM COMPLIANCE WITH	ES NOT GUARANTEE MATERIAL FACTS, T TO MODIFY THE
SYSTEM DESIGN AND S	PECIFICATIONS			
A [] GALLON N [] GALLON K [] GALLON D [500] SQUARE R [] SQUARE A TYPE SYSTEM: I CONFIGURATION: N F LOCATION OF BENCH I ELEVATION OF PROPI E BOTTOM OF DRAINFI L D FILL REQUIRED:	NS GREASE INTERCEPTOR NS DOSING TANK CAPACIT E FEET Drainfiel E FEET N/A [*] STANDARD [] [*] TRENCH [] MARK: Top of yellow sur OSED SYSTEM SITE ELD TO BE [0.00] INCHES	N/A CAPACITY [MAXIMI Y []GA d SYSTEM SYSTEM FILLED [] Vey market LB 6685 s [13.00] [INCHES [17.00] [INCHES	CAPACITY UM CAPACITY SINGLE TANK:1250 GAL LLONS @[]DOSES PER 24 HRS	#Pumps []
SPECIFICATIONS BY:	Jannyck Gonima		TITLE: Private Site Evaluator/Pr	rivate Inspect
APPROVED BY:	800	TITLE: Environm	ental Specialist I	Columbia сно
DATE ISSUED:	Sean P Havens 06/13/2024		EXPIRATION DATE:	12/13/2025
DEP 4015, 06-21-2022 Incorporated 62-6.00				Page 1 of 3
	v 1.1.4	AP2096380	SE2019330	

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20

Mer.	Each	block r	epres	ints 1	teet	and 1	inch	= 40	feet.	-	TT			-		1	-			-
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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.

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