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

PERMIT #: 12-SC-2622788
APPLICATION #: AP1926545
DATE PAID: 12-15-22
FEE PAID: 425.00
RECEIPT #:
DOCUMENT #: PR1883115

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: LESLIE**22-1003 McDANIEL

PROPERTY ADDRESS: 106 SW GUSTY Lake City, FL 32025

LOT: _____ BLOCK: _____ SUBDIVISION: HILLCREST UNR

PROPERTY ID #: 08944-019 [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 [1,200] GALLONS / GPD Septic tank 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 drainfield SYSTEM
R [ ] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [ ] STANDARD [x] FILLED [ ] MOUND [ ] _____
I CONFIGURATION: [x] TRENCH [ ] BED [ ] _____
N
F LOCATION OF BENCHMARK: Nail in oak.
I ELEVATION OF PROPOSED SYSTEM SITE [9.00][INCHES / FT][ABOVE / BELOW]BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [19.00][INCHES / FT][ABOVE / BELOW]BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [8.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O T H E R: 12" drop from site one to site two in a 28' run. More fill will be needed at the tail end of the drainfield. 20" fill at the end.

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

APPROVED BY: Sallie A Ford TITLE: Environmental Health Director Columbia CHD

DATE ISSUED: 12/21/2022 EXPIRATION DATE: 06/21/2024

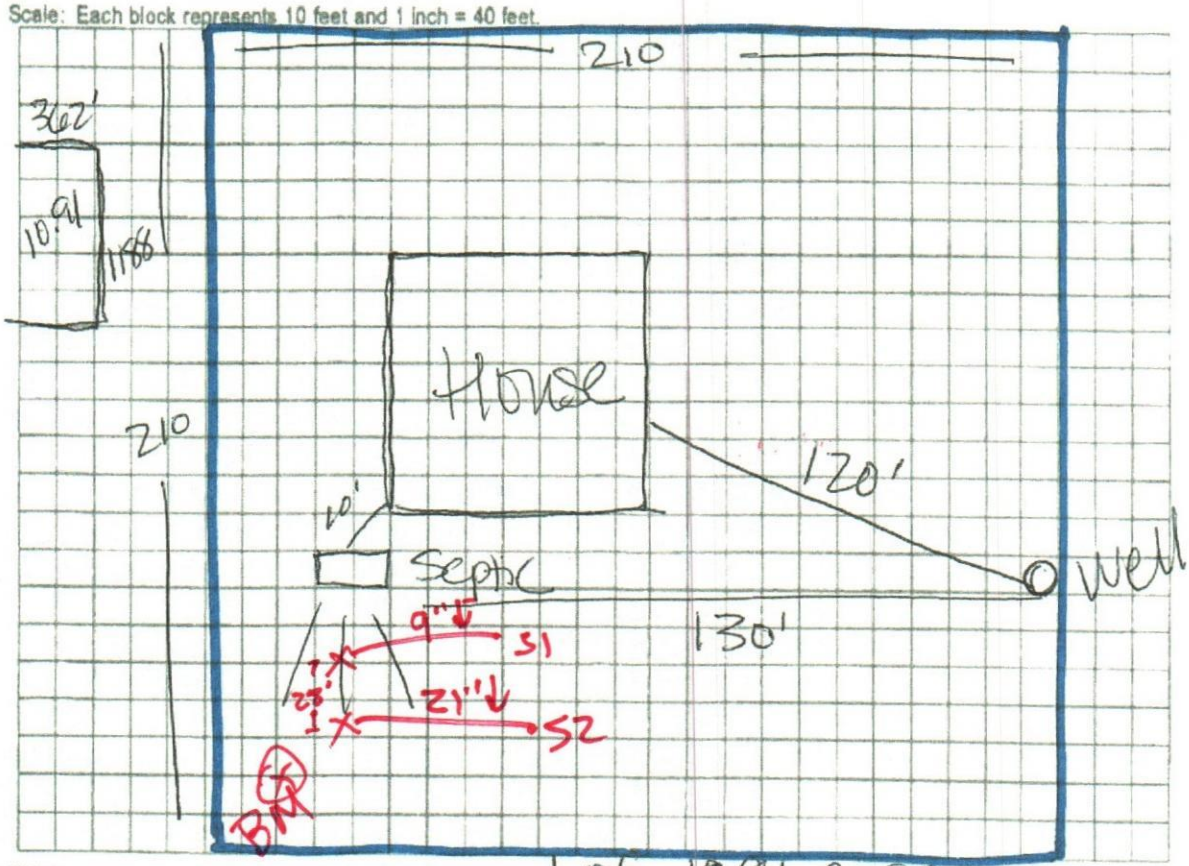
DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-1003

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 40 feet.



Notes: 1 of 10.91 acres

Site Plan submitted by: [signature]

Plan Approved X Not Approved ____ Date 12/2/22

By [signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 05-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

SSD 349-2042460

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

PERMIT NO. 22-1803
DATE PAID: 12/15/22
FEE PAID: ~~495.00~~ 505.00
RECEIPT #: 1924545

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Leslie McDaniel EMAIL: rmcrr.office@gmail.com
AGENT: Leslie McDaniel TELEPHONE: 386 752-4072
MAILING ADDRESS: 2230 SE Baya Dr. Lake City FL 32025

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 (MO/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION
OSTDS REMEDIATION PLAN? [Y / N]

LOT: _____ BLOCK: _____ SUBDIVISION: Hillcrest - Parcel A PLATTED: _____

PROPERTY ID #: 33-4S-17-08944-009 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 104 SW Gusty Glen Lake City FL 32025

DIRECTIONS TO PROPERTY: S on Country Club Rd 8 miles Right Hillcrest Ln. Left Hwy 41S. Right Hillcrest left Wendy Terr. lot on corner

BUILDING INFORMATION [✓] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 2, Chapter 62-6, FAC
1	SFD	5	~~5265~~ 3953	
2				
3				
4				

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

SIGNATURE: [signature] DATE: 12/8/22

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