



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

PERMIT NO. 25-0857  
DATE PAID: 12/30/25  
FEE PAID: 230.00  
RECEIPT #: 2275154

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Gator Land Development    EMAIL: \_\_\_\_\_

AGENT: Wheeler Septic Services    TELEPHONE: (386)-249-5179

MAILING ADDRESS: 604 Irvin Ave SW Live Oak 32064

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?  /  N

LOT: 10    BLOCK: \_\_\_\_\_    SUBDIVISION: Rose Pointe    PLATTED: \_\_\_\_\_

PROPERTY ID #: 15-48-16-03011-110    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 0.28 ACRES    WATER SUPPLY:  PRIVATE    PUBLIC  ] <=2000GPD     >2000GPD

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

PROPERTY ADDRESS: 135 SW Cherry Blossom Way Lake City 32024

DIRECTIONS TO PROPERTY: Take 247 S, TL on Rose Pointe, TR on Cherry Blossom, TL on Ivy, property on L.

BUILDING INFORMATION

RESIDENTIAL     COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>SFR</u>	<u>3</u>	<u>1496</u>	
2				
3				
4				

Floor/Equipment Drains     Other (Specify) \_\_\_\_\_

SIGNATURE: Lyon Wheeler    DATE: 10-28-25



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

PERMIT #: 12-SC-4044578  
APPLICATION #: AP2275154  
DATE PAID: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR2348213

CONSTRUCTION PERMIT FOR: OSTDS New  
APPLICANT: GATOR\*\*25-0857 LAND DEVELOPMENT  
PROPERTY ADDRESS: 135 SW CHERRY BLOSSOM Way Lake City, FL 32024  
LOT: 10 BLOCK: \_\_\_\_\_ SUBDIVISION: ROSE POINTE AKA COTTAGE GROVE  
PROPERTY ID #: 03011-110 [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 [ 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 [ 462 ] SQUARE FEET Drainfield SYSTEM  
R [ ] SQUARE FEET N/A SYSTEM  
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]  
N  
F LOCATION OF BENCHMARK: center of paved road cherry blossom  
I ELEVATION OF PROPOSED SYSTEM SITE [ 3.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 23.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L  
D FILL REQUIRED: [ 0.00 ] INCHES EXCAVATION REQUIRED: [ ] INCHES

O The system is sized for 3 bedrooms with a maximum occupancy of 6 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  
E required. Maintenance contract with fee also required before final system approval.  
R

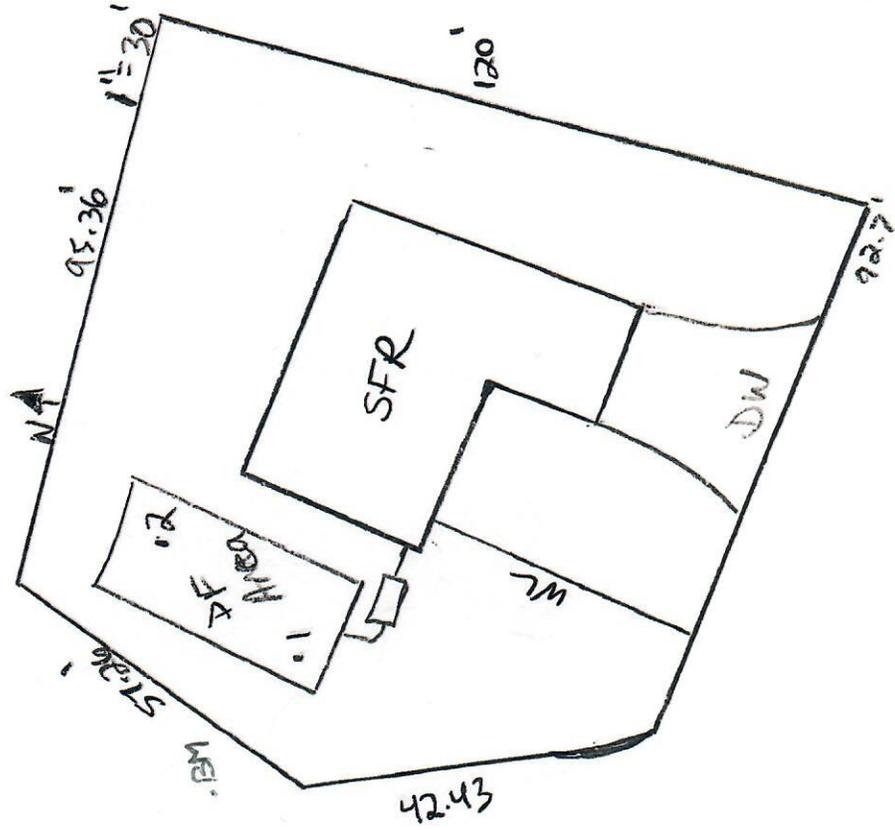
SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP  
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD  
DATE ISSUED: 11/03/2025 EXPIRATION DATE: 05/03/2027

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

kn

25-0857

Gator Land Dev.  
135 SW Cherry Blossom Way  
Lake City 32024



Thomas Dean  
25-2064  
10-28-25

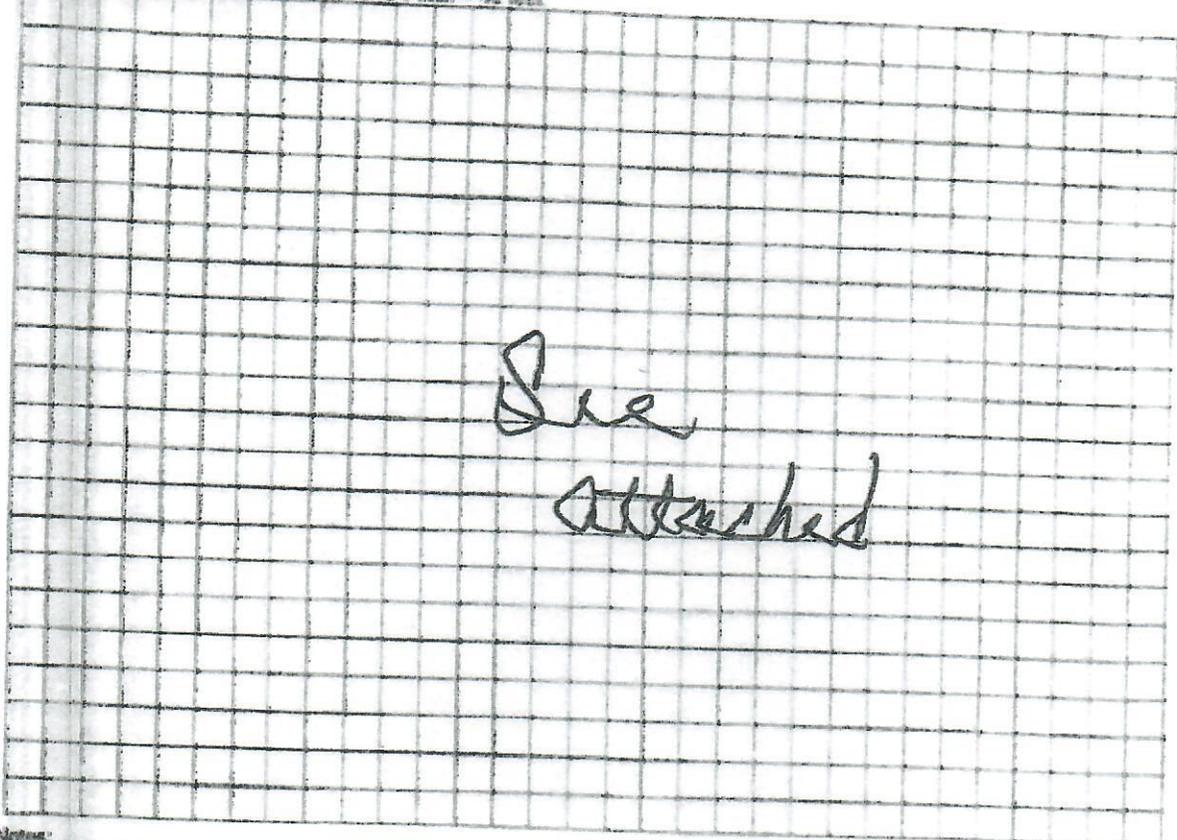
Tom Mank  
10-28-25

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0857

----- PART II - SITEPLAN -----

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



See  
Attached

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: K. Keen

Plan Approved

Not Approved

Date 11/3/25

By

Celso

County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**