



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 26-0289
DATE PAID: 2/5/26
FEE PAID: 318.00
RECEIPT #: 2020495

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Larry Bridges EMAIL: KeenPermitting@gmail.com

AGENT: Kristopher Keen TELEPHONE: (352) 356-7220

MAILING ADDRESS: 768 NE 143 Ave. Old Town FL 32680

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 05-2-17-0442-015 ZONING: _____ I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 1.5 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: 135 NW Olive Gln Lake City 3265

DIRECTIONS TO PROPERTY: GPS is Accurate

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	SFR	2	979	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: K. Keen 25-2940 DATE: 2-26-26



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

PERMIT #: 12-SC-4083012
APPLICATION #: AP2292495
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2375028

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: LARRY**26-0209 BRIDGES
PROPERTY ADDRESS: 135 NW OLIVE Gln Lake City, FL 32055
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 04843-015 [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 [900] GALLONS / GPD _____ Sentic 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 [250] SQUARE FEET _____ Drainfield _____ SYSTEM
R [] SQUARE FEET _____ N/A _____ SYSTEM
A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []
N

F LOCATION OF BENCHMARK: Nail w/ red ribbon in tree E. of site.
I ELEVATION OF PROPOSED SYSTEM SITE [21.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [9.00] [INCHES] FT [] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L

D FILL REQUIRED: [30.00] INCHES EXCAVATION REQUIRED: [0.00] 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
T 200 gpd.
H
E
R

SPECIFICATIONS BY: Kristopher L Keen TITLE: Private Provider 2940

APPROVED BY: Dustin W Jones TITLE: Environmental Supervisor I Columbia CHD

DATE ISSUED: 03/12/2026 EXPIRATION DATE: 09/12/2027

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

Permit Application Number

26-0209

PART II - SITEPLAN

Scale: Each block represents 10 feet and 1 inch = 30 feet



See Attached

Notes:

Site Plan submitted by: Thomas Gian

Plan Approved By: _____ Not Approved By: _____

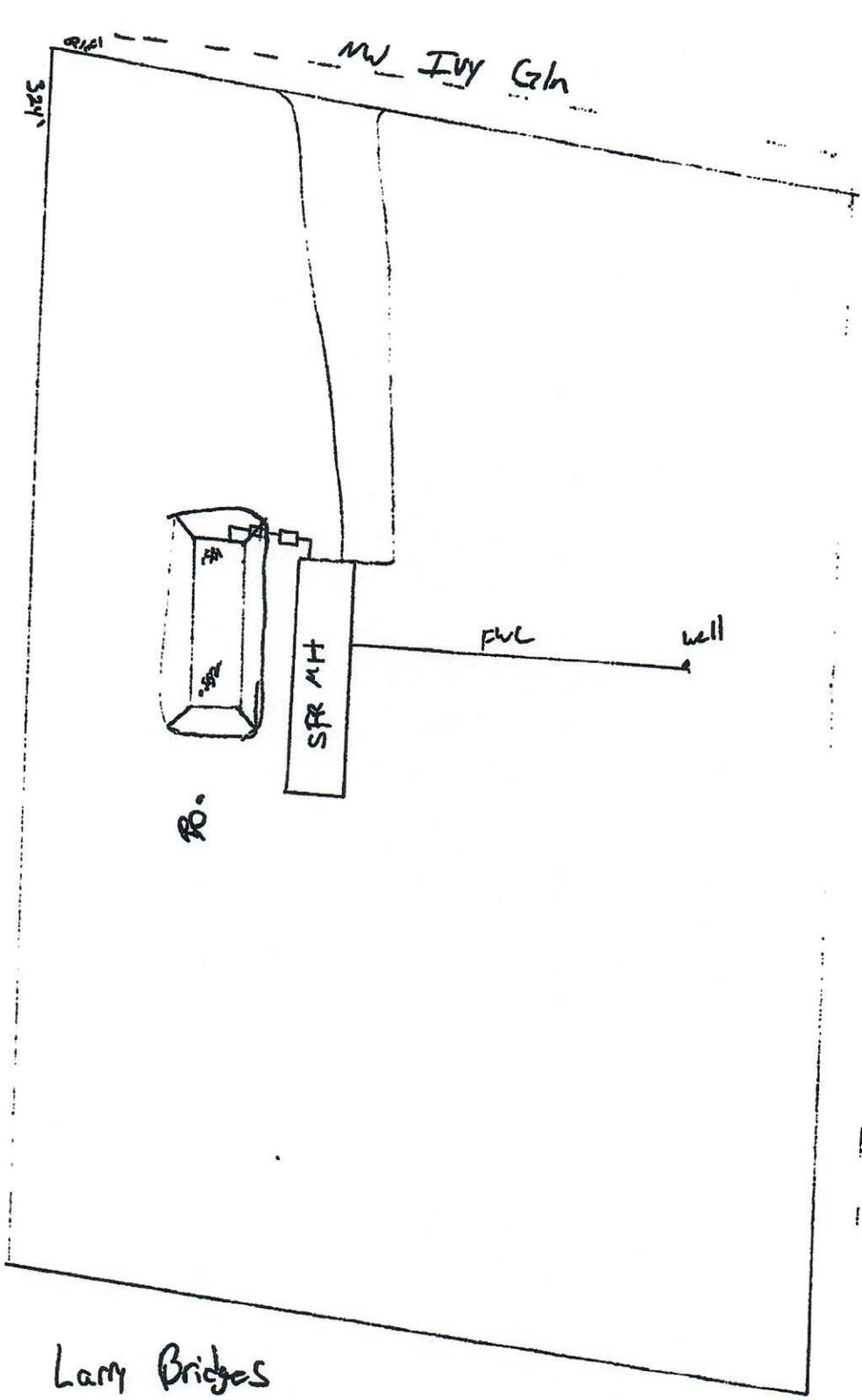
CEHP 25-2064

Date 3/12/24

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4215, 03-21 2022 (Obsolete previous editions which may not be used, incorporated: 62-8.064, F.A.C.



26-0009



Lamy Bridges
 05-35-17-04843015

H. Keen
 25-2940

2-26-26