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

PERMIT NO: 24-D163  
DATE PAID: 2/19/24  
FEE PAID: 200.00  
RECEIPT #: 2048914

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  
☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☒ MODIFICATION

APPLICANT: Olisa Properties LLC / David Morrell EMAIL: provisionpermitting@gmail.com

AGENT: Sonja North 863-517-5701 TELEPHONE:

MAILING ADDRESS: 212 SW Cottage Glen 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: 14 BLOCK: SUBDIVISION: Five Pt Ac PLATTED:

PROPERTY ID #: 17-35-17-04967-06 ZONING: I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 208 x 217 1.41 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ N DISTANCE TO SEWER: FT

PROPERTY ADDRESS: NE Diana Ter Lake City FL

DIRECTIONS TO PROPERTY: L on NE Franklin St, R on US 441 N,  
R on NE Tammy Ln, R on NE Diana Ter  
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	mobile home	3	1216	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Sonja North DATE: 2.19.24

DEP 4015, 06-21-2022 (Obsoletes 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-2852081**  
APPLICATION #: **AP2040914**  
DATE PAID: 2/22/24  
FEE PAID: 260.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: **PR2049438**

CONSTRUCTION PERMIT FOR: OSTDS Existing Modification

APPLICANT: OLISA\*\*24-0163 PROPERTIES

PROPERTY ADDRESS: NE DIANA Lake City, FL 32055

LOT: 16 BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

PROPERTY ID #: 04967-016 [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 Existing Septic Tank CAPACITY  
A [ ] GALLONS / GPD N/A CAPACITY  
N [ ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ 225 ] GALLONS DOSING TANK CAPACITY [ 50.00 ] GALLONS @ [ 6 ] DOSES PER 24 HRS #Pumps [ 1 ]

D [ 375 ] 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: Top of tank outlet end

I ELEVATION OF PROPOSED SYSTEM SITE [ 1.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [ 5.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT

L  
D FILL REQUIRED: [ 12.00 ] 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 Add dosing tank with pump. Existing D/F is in WSWT and must be raised to 5" BBM. CHD recommends system be updated to current code and 24" to WSWT is maintained which would put bottom of D/F at 7" ABM.

E Pumps must be certified as suitable for distributing sewage effluent.  
R

SPECIFICATIONS BY: Sean P Havens TITLE: Environmental Specialist I

APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 03/06/2024 EXPIRATION DATE: 09/06/2025

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

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STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0143

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

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

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

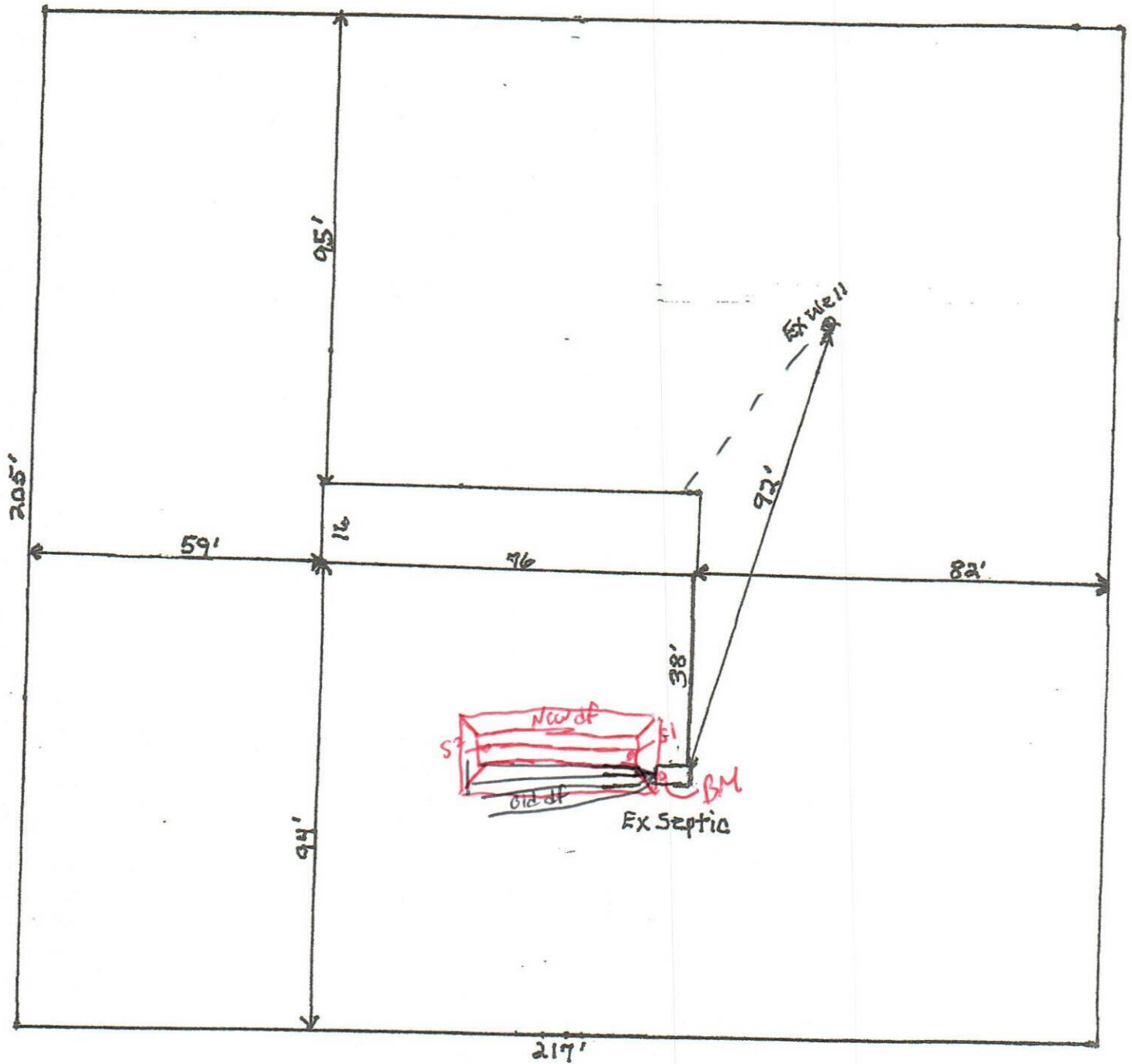
Site Plan submitted by: Sonja North

Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 3/1/24

By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

248163 1" = 30'



Morrell

NE Diana Ter