



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

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-8214

PERMIT NO. 21-0595  
DATE PAID: 12/9/21  
FEE PAID: 310.88  
RECEIPT #: 1696387

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Holding Tank ☐ Innovative  
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: JOEL ANTHONY & SUSAN MICHELE LAW

AGENT: HOUSE CRAFT HOMES

TELEPHONE: (352) 538-5963

MAILING ADDRESS: 1223 NW HWY 441

ALACHUA

FL 32615

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

LOT: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: \_\_\_\_\_

PROPERTY ID #: 28-1S-17-04572-001 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 1.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 537 NE DEEP CREEK GLN, LAKE CITY

DIRECTIONS TO PROPERTY: **TAKE 441 NORTH PAST I-10, TURN RIGHT ON DEEP CREEK GLN TO END, DRIVE ON LEFT.**

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>HOUSE</u>	<u>2</u>	<u>1,303</u>	
2				
3				
4				

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

SIGNATURE: John D. Harrington

DATE: 7.8.4

DH 4015, 08/09 (Obsoletes previous editions which may not be used)  
Incorporated 64E-6.001, FAC

12/11/2011  
12/11/2011  
12/11/2011  
12/11/2011

1

12/11/2011





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

PERMIT #: 12-SC-2330006  
APPLICATION #: AP1696387  
DATE PAID: 7/9/2021  
FEE PAID: 30<sup>00</sup>  
RECEIPT #: 12-PID-5085215  
DOCUMENT #: PR1596280

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: JOEL\*\*21-0595 LAW

PROPERTY ADDRESS: NE DEEP CREEK Lake City, FL 32055

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

PROPERTY ID #: 04572-001 [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 New Septic 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 [ 375 ] SQUARE FEET New 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 in 10" oak W of system site

I ELEVATION OF PROPOSED SYSTEM SITE [ 24.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 17.00 ] [ INCHES / FT ] [ ABOVE / BELOW ] BENCHMARK/REFERENCE POINT  
L

D FILL REQUIRED: [ 25.00 ] INCHES EXCAVATION REQUIRED: [ ] 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 300 gpd.  
T A lift station may be required if gravity flow can not be achieved.  
H  
E  
R

SPECIFICATIONS BY: PAUL LLOYD TITLE: PSE

APPROVED BY: Kelli C Rogers TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 07/14/2021 EXPIRATION DATE: 01/14/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

*SS*

## NOTICE OF RIGHTS

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is 4052 Bald Cypress Way, BIN A-02, Tallahassee, Florida 32399. The Agency Clerk's facsimile number is 850-413-8743.

Mediation is not available as an alternative remedy.

Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a 'final order'.

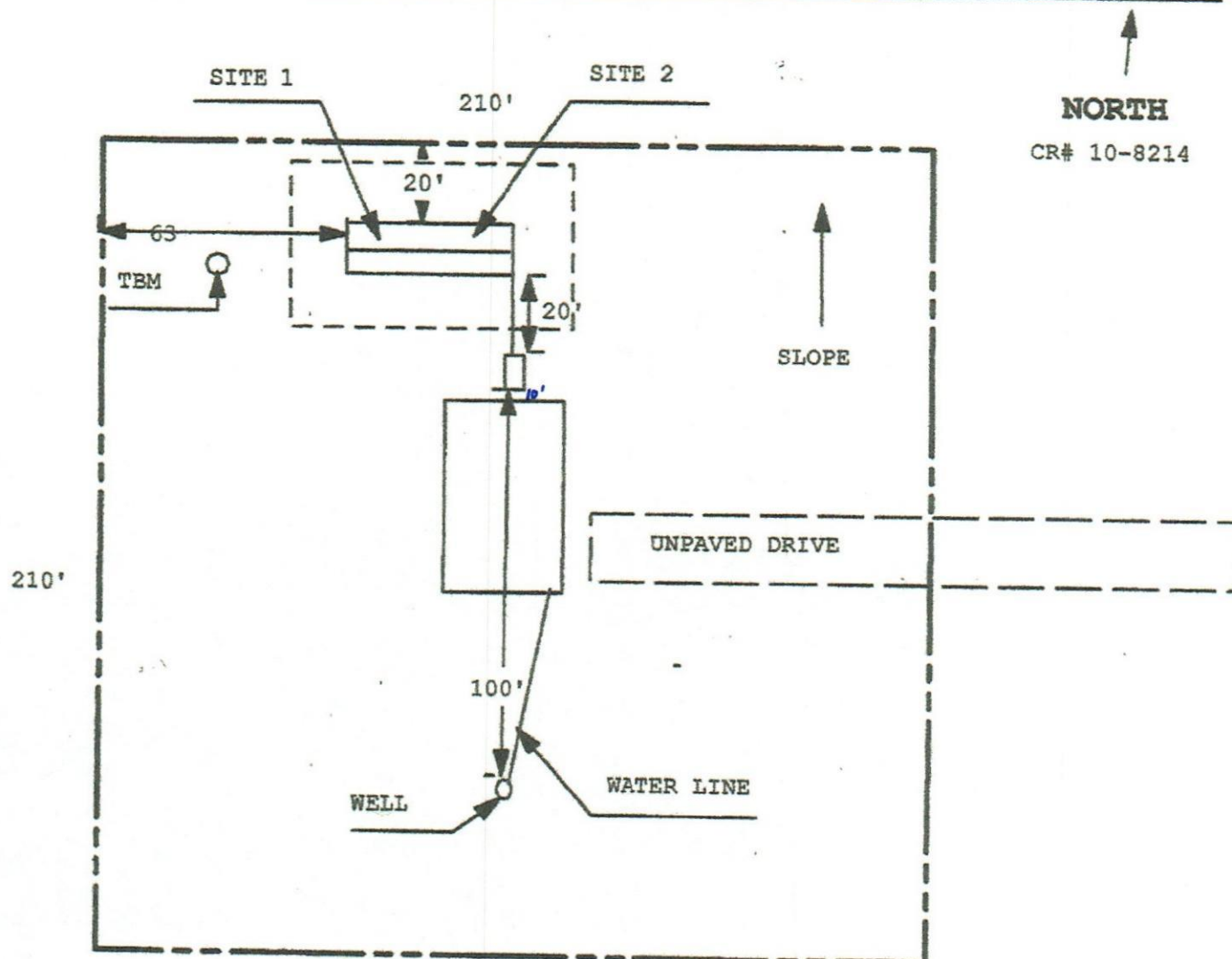
Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.



Application for Onsite Sewage Disposal System  
Construction Permit. Part II Site Plan

Permit Application Number: 21-0595

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



NO WELLS WITHIN 100'

1 INCH = 40 FEET

Site Plan Submitted By Ronald L. Boyd Date 5/5/21  
Plan Approved Not Approved Date 7/14/2021  
By Mike Ching Kate Ray Columbia CPHU

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

Application for State License  
for the State of Texas  
No. 2020-15

AND CERTIFICATE OF THE STATE OF TEXAS  
IN WITNESS WHEREOF, the said State of Texas, by its  
Attorney General, has hereunto set its hand and seal of office  
this 1st day of January, 1920.



Witness my hand and seal of office  
this 1st day of January, 1920.  
Attorney General  
State of Texas