

Incorporated 62-6.004, FAC

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

PERMIT NO 3-0/94
DATE PAID: (8/8)
FEE PAID: RECEIPT #: 2033)

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Michael Jakubowycz EMAIL: nflseptictank@comcast.net
APPLICANT: IVIICITAE! JAKUDOWYCZ EMAIL:
Robert Ford III- North Florida Septic Tank Inc TELEPHONE: 386-755-6372
MAILING ADDRESS: 741 SE State Road 100, 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 (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION OSTDS REMEDIATION PLAN? [Y / N]
LOT: 2 BLOCK: SUBDIVISION: Pine Ridge PLATTED: 1982
PROPERTY ID #: 21-3s-16-02240-002 ZONING: MH I/M OR EQUIVALENT: [Y / N]
PROPERTY SIZE: 1.517 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/W] DISTANCE TO SEWER:FT PROPERTY ADDRESS: 319 NW STARLING TER, LAKE CITY FL
TI / 11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
NW LAXP TEFFCURA, DEAK (LON NASHRO, TLON NW
Turner Ave, TROM Starling to 34
BUILDING INFORMATION [X] RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No. of Bedrooms Area Sqft Table I, Chapter 62-6, FAC
No. Establishment
1 Will 1
New MH 3 1508 org permit attached
3
4
[] Floor/Equipment Drains [] Other (Specify)
SIGNATURE: Probest of 10000
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STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT #: 12-SC-2790459

APPLICATION #: AP2003211

DATE PAID: 10/3/28

FEE PAID: Zers - 4

RECEIPT #:____

DOCUMENT #: PR2013250

CONSTRUCTION PERMIT FOR: OSTDS Existing Modification	
APPLICANT: MICHAEL**23-0694 JAKUBOWYCZ	
PROPERTY ADDRESS: 319 NW STARLING Lake City, FL 32055	
LOT: 2 BLOCK: SUBDIVISION: Pine Ridge	1.25
PROPERTY ID #: 02240-002 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	CEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDAY 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.	S NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [900] GALLONS / GPD New Multi-Chambered Septic Tank CAPACITY A [] GALLONS / GPD N/A CAPACITY N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALL K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS D [375] 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: 4x4 post N. of site. I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES FT] [ABOVE / BELOW] BENCHMARK/RI E BOTTOM OF DRAINFIELD TO BE [8.00] [INCHES FT] [ABOVE / BELOW] BENCHMARK/RI L D FILL REQUIRED: [34.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES The system is sized for 3 bedrooms with a maximum occupancy of 6 persons (2 per bedroom), for a total estimate	#Pumps [] EFERENCE POINT EFERENCE POINT
300 gpd. -Existing tank to be abandoned at time of repair.	d flow of
E	
R	
SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor	
APPROVED BY:	Columbia CHD
DATE ISSUED: 10/11/2023 EXPIRATION DATE:	04/11/2025
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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Numb

Replacing I A Broke Insi	NE AS PART OF Repare Les Truck to be New Shape New 28ks D/W 3BB	

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) incorporated: 62-6.004,F.A.C.