



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

SSO 295504990
PERMIT NO. 05-0824
DATE PAID: 10/21/2025
FEE PAID: 725.00
RECEIPT #: 2273738

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Lennardo and Wanpannaga Miller EMAIL: ashley@johnfcrawfordhomes.com
AGENT: John F. Crawford Homes TELEPHONE: 904-338-5683

MAILING ADDRESS: 14368 NW 161st Ave, 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

OSTDS REMEDIATION PLAN?

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 15-45-16-03023-008 ZONING: _____ I/M OR EQUIVALENT:

PROPERTY SIZE: 3.02 ACRES WATER SUPPLY: PRIVATE PUBLIC <=2000GPD >2000GPD

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

PROPERTY ADDRESS: TBD SW SPARROW TERR

DIRECTIONS TO PROPERTY: FROM CCBD TURN LEFT ON NE MADISON ST, TURN LEFT ON N MARION AVE, TURN RIGHT ON W DUVAL ST, TURN ~~RIGHT~~ LEFT ON SW SISTERS WELCOME RD, TURN RIGHT ON SW HOPE HENRY ST, 1 mile TURN LEFT PROPERTY ON RIGHT

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>Single Family New construction</u>	<u>4</u>	<u>3087</u>	<u>N/A 2431SF H+C</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: John Crawford DATE: 10/21/2025

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-4042452

APPLICATION #: AP2273938

DATE PAID: _____

FEE PAID: _____

RECEIPT #: _____

DOCUMENT #: PR2359630

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: LENNARDO**25-0829 MILLER

PROPERTY ADDRESS: SW SPARROW Ter Lake City, FL 32025

LOT: 2,3 BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 03023-008

[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 [1,050] GALLONS / GPD New Multi-Chambered 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 [500] SQUARE FEET Drainfield SYSTEM

R [] SQUARE FEET N/A SYSTEM

A TYPE SYSTEM: STANDARD FILLED MOUND

I CONFIGURATION: TRENCH BED

N

F LOCATION OF BENCHMARK: Top of grade stake next to tank site

I ELEVATION OF PROPOSED SYSTEM SITE [27.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [57.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] INCHES

The system is sized for 4 bedrooms with a maximum occupancy of 8 persons (2 per bedroom), for a total estimated flow of 400 gpd.

T

H

E

R

SPECIFICATIONS BY: Sean P Havens

TITLE: Environmental Specialist I

APPROVED BY: Sean P Havens

TITLE: Environmental Specialist I

Columbia CHD

DATE ISSUED: 11/13/2025

EXPIRATION DATE: 05/13/2027

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

Incorporated 62-6.004, FAC

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DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

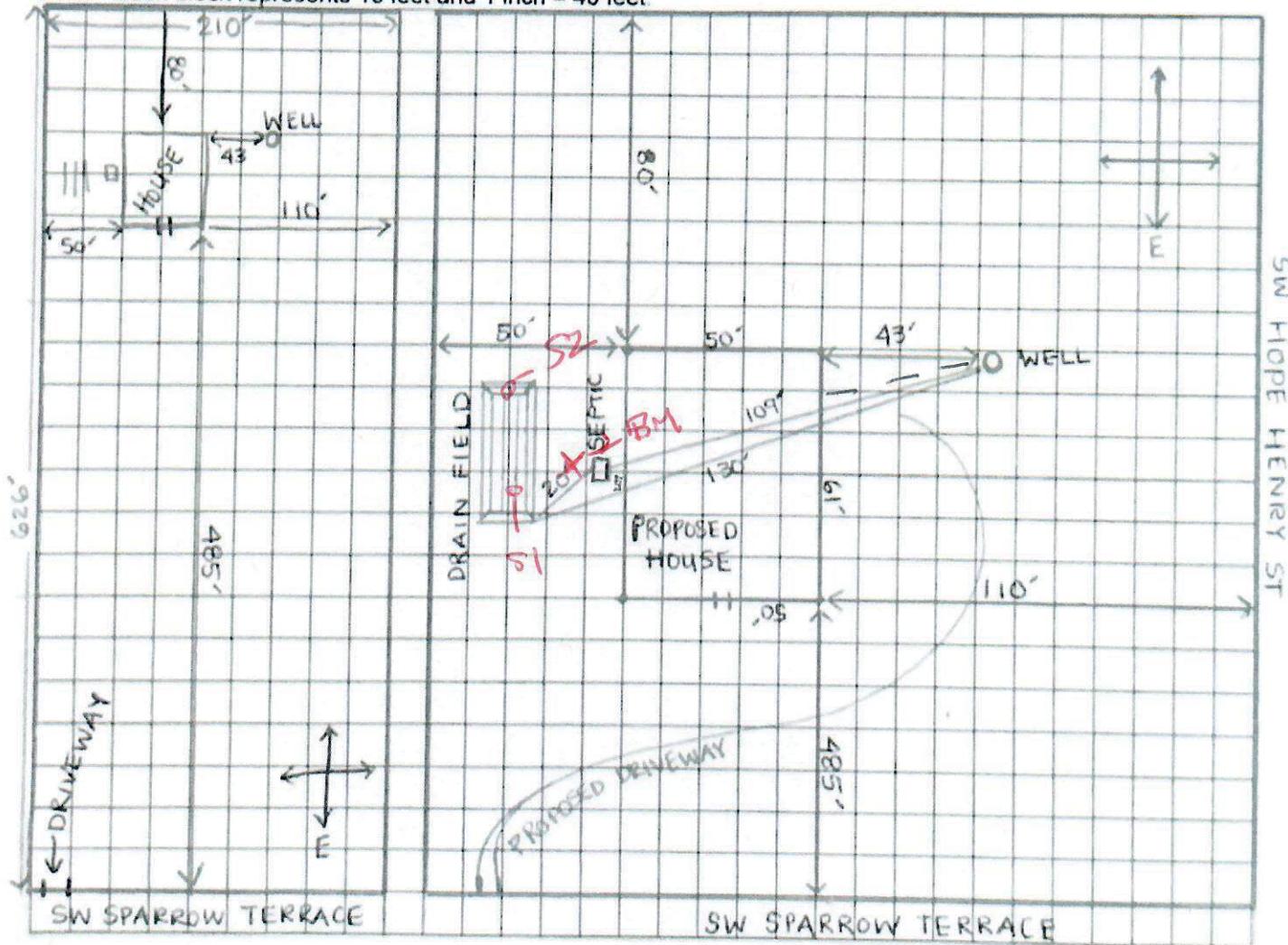
Permit Application Number: _____

25-0829

- PART II - SITEPLAN

3.02 ACRES

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



Notes: Homeowners: Lenardo and Wanpannagg Miller

Parcel: 15-49-16-03023-008

3.02 Acres

Address TBD

House Faces EAST

Nearest Intersecting : SW HOPE HENRY ST

Site Plan submitted by: John Crawford

10/21/2025

Plan Approved

Not Approved

Date 11/13/25

By

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT