

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

PERMIT NO.	35-	0461
DATE PAID:	2	laalak
FEE PAID:		25
RECEIPT #:	JAAI	SZA.

APPLICATION FOR CONSTRUCTION PERMIT				
APPLICATION FOR: [] New System [X] Exist [X] Repair [] Abance	ing System []	Holding Tank [] Innovative Temporary []		
APPLICANT: JOE! Manzane		EMAIL:		
		TELEPHONE: 352-221-4	นาร	
4			(=	
MAILING ADDRESS: 1490 NE	1300 St. Irenton,	FL. 3A645		
BY A PERSON LICENSED PURSUANT TO	O 489.105(3)(m) OR 48 ROVIDE DOCUMENTATION G CONSIDERATION OF ST		E	
PROPERTY INFORMATION		OSTDS REMEDIATION PLAN? [Y		
LOT: 1-3 BLOCK: G SUBDI	VISION: Springfiel	d Replat PLATTED:	-	
	.	i/m or equivalent: [Y /Ci		
PROPERTY SIZE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	R SUPPLY: [] PRIVAT	re public []<=2000GPD [X]>2000	GPD	
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ØP] DISTANCE TO SEWER:FT				
PROPERTY ADDRESS: 196 NW Quinten St. Lake City 32055				
DIRECTIONS TO PROPERTY: US-441 N (C) NW Quinten St. Parcel on (C)				
BUILDING INFORMATION	(A) RESIDENTIAL	[] COMMERCIAL		
		Commercial/Institutional System De Table I, Chapter 62-6, FAC	esign	
SFR-MH	2 1120	1974 (mo orig		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
3				
4				
[] Floor/Equipment Drains	[] Other (Specify))		
SIGNATURE:		DATE: 5/21/25		

_ NW author st scale: 1=20° EXIST'S SFR-MH -SOA-Sey 3 46

35-0461 16-21-25

M. Meen 33-2940 5-21-25

Joel Manzaneres 196 NW Quinten St Lake City FI 32055



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

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i i	SP	Many 1012	LICAT:	CON	#:	AP2221652
	0	Kanney "	DATE	PAI	D:	12-SC-3142738 AP2221652
POSA	L		-√ FEE	PAI	D:	
			RECE	EPT	#:	Walled Committee of the

WE WE				DOCUMENT #: P	R2266809
CONSTRUCTION PERMIT	FOR:	OSTDS Existi	ng Renair		
		ANZANERES	ng respen		
PROPERTY ADDRESS:			_ake City, FL 32055		
	100 1444	SOUTH I	Lake Oity, 1 L ozooo		
LOT: 1-3	BLOCK:	G	SUBDIVISION:	Springfield Estates	
PROPERTY ID #: 054	417-001	The figure and the first state of the first state o		[SECTION, TOWNSHIP, RANGE, PARCE - [OR TAX ID NUMBER]	EL NUMBER]
	RMANCE A BASI . SUC PERMIT	PTER 64E-6, FOR ANY S FOR ISSI CH MODIFICA	SPECIFIC PERIOD JANCE OF THIS FIONS MAY RESUL EXEMPT THE A	RTMENT APPROVAL OF SYSTEM DOES OF TIME. ANY CHANGE IN PERMIT, REQUIRE THE APPLICANT T IN THIS PERMIT BEING MADE PPLICANT FROM COMPLIANCE WITH	
SYSTEM DESIGN AND ST					
T [900] GALLO A [0] GALLO			ulti-Chambered Septic		
-				MUM CAPACITY SINGLE TANK: 1250 GALL	ons]
K [] GALLON	s Dosino	G TANK CAPAC	ITY []G	ALLONS @[]DOSES PER 24 HRS	#Pumps []
D [250] SQUARE R [0] SQUARE A TYPE SYSTEM: I CONFIGURATION.	FEET [] ST	ANDARD [ield SYSTEM SYST	MOUND []	
F LOCATION OF BENCHI	MARK:	Nail with pink r	ibbon in fence post SV	V of system site	
I ELEVATION OF PROPO E BOTTOM OF DRAINFI			· · · · · · · · · · · · · · · · · · ·	S FT] [ABOVE / BELOW BENCHMARK/RIS FT] [ABOVE / BELOW BENCHMARK/RI	
L D FILL REQUIRED:	1 24 001	INCHES	THE TAXABLE PARTY OF THE	EQUIRED: [] INCHES	
				persons (2 per bedroom), for a total estimate	d flow of
R					
SPECIFICATIONS BY:	(Joshu	a) Kameron	Keen	TITLE: CEHP	
APPROVED BY:	ED.	P Havens		nmental Specialist I	Columbia сно
DATE ISSUED	05/27/2			EXPIRATION DATE:	08/25/2025
DEP 4015, 06-21-202		etes previou	ıs editions which	may not be used)	Page 1 of 3
Incorporated 62-6.00	U4, FAC	v 1 1 4	AP222165	2 SE2167665	rade 1 OT 3