



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

PERMIT #: **12-SC-2691789**
APPLICATION #: **AP1961765**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR1925191**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: RYAN**23-0307 O'CONNOR
PROPERTY ADDRESS: 232 SW STELL Lake City, FL 32024
LOT: 17 BLOCK: _____ SUBDIVISION: HEATHERWOOD S/D
PROPERTY ID #: 09630-017 [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 _____ Septic Tank _____ 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 _____ 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: Nail with pink ribbon in oak near site

I ELEVATION OF PROPOSED SYSTEM SITE [19.50] [INCHES] FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [25.50] [INCHES] FT [] ABOVE [x] BELOW BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [12.00] INCHES EXCAVATION REQUIRED: [0.00] 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

H

E

R

SPECIFICATIONS BY: (Joshua) Kameron Keen TITLE: CEHP

APPROVED BY: Cassandra Bonds TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 04/26/2023 EXPIRATION DATE: 10/26/2024

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)
Incorporated: 64E-6.003, FAC

SP

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0307

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

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

O¹ corner

See
Attached

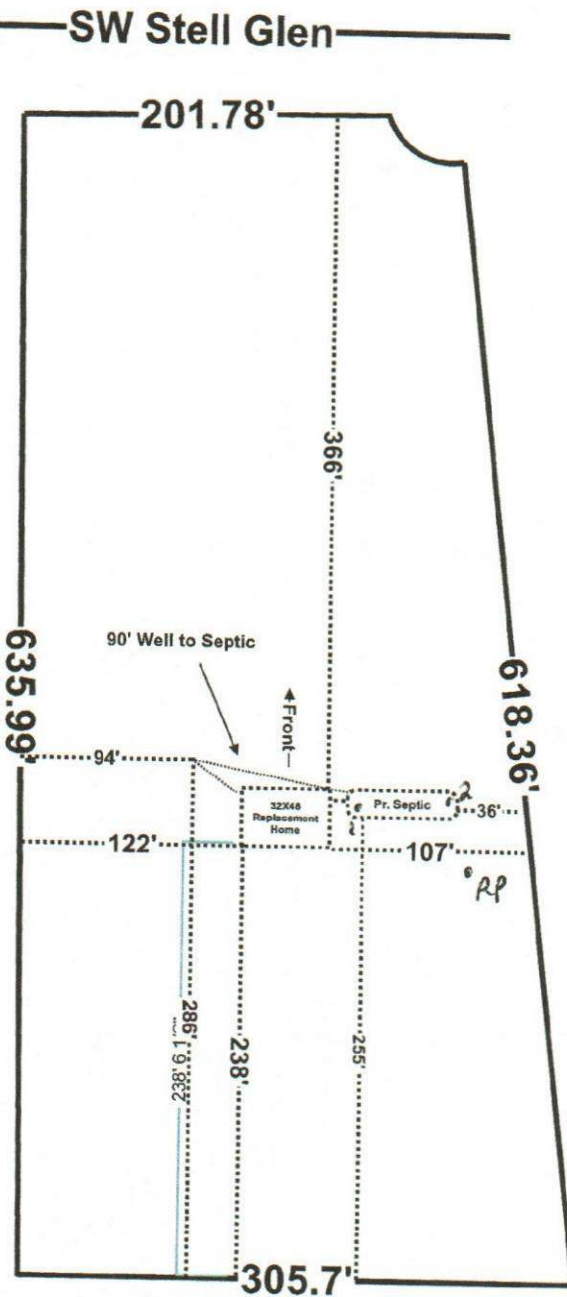
Notes: _____

Site Plan submitted by: H. Heer Agent: _____ Owner: _____ Date: 9-24-23
Plan Approved ☒ Not Approved _____ Date: 4/26/23
By Camandra Bonds ESI Columbia COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



23-0307



Handwritten signature

Ryan O'Connor
Parcel: 09-6S-17-09630-017
232 SW Stell Glen Lake City

Scale 1" = 100'
Lot 17
Heatherwood

Hammer Keen
21-2064
4-24-23

FW



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

PERMIT NO. 23-0307
DATE PAID: 4/24/23
FEE PAID: 310.26
RECEIPT #: 1961745

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Ryan O'Connor

AGENT: Kameron Keen

EMAIL: _____

MAILING ADDRESS: 474 NE 628th St. Old Town, FL 32680

TELEPHONE: 352-356-1333

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: 17 BLOCK: _____ SUBDIVISION: Heatherwood OSTDS REMEDIATION PLAN? ☒ [Y / ☒] PLATTED: _____

PROPERTY ID #: 09-6S-17-09630-017 ZONING: _____ I/M OR EQUIVALENT: ☒ [Y / ☒]

PROPERTY SIZE: 4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ [] <=2000GPD ☐ [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ [Y / ☒] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 232 SW Stell Gln. Lake City, 32055

DIRECTIONS TO PROPERTY: Take 41 S, TR on Howell, TL on Mann, TL on Manning, TL on Stell Glens to property at end on R

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>SFR. MH</u>	<u>3</u>	<u>1424</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Kameron Keen

21-2064

DATE: 4-24-23

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