

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

PERMIT #: 12-SC-2686361

APPLICATION #: AP1958143

DATE PAID: 410/22

FEE PAID: 30.00

RECEIPT #:____

DOCUMENT #: PR1922431

CONSTRUCTION PERMIT FOR: OSTDS New	
APPLICANT: Jamie**23-0271 Royster	
graduation for the last ending the rest of the last end	
PROPERTY ADDRESS: NW Old Mill Dr Lake City, FL 32024	
LOT: BLOCK: SUBDIVISION:	A DESPERSA
PROPERTY ID #: 02305-101 [SECTION, TOWNSHIP, RANGE, PARCE [OR TAX ID NUMBER]	L NUMBER]
SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARD 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES 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.	NOT GUARANTEE MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND SPECIFICATIONS	
T [1,050] GALLONS / GPDNew Multi-Chambered Septic CAPACITY	
A [] GALLONS / GPD N/A CAPACITY	
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLO	
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: Nail in oak E of site	1
I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/RE	FERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [42.00] [INCHES FT] [ABOVE BELOW] BENCHMARK/RE	FERENCE 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 400 gpd.	flow of
T	
н	
E	
R	
SPECIFICATIONS BY: Rocky D Ford TITLE: M. Centractor	
APPROVED BY: TITLE: Environmental Specialist I	Columbia CHD
DATE ISSUED: 04/11/2023 EXPIRATION DATE:	10/11/2024
DH 4016, 08/09 (Obsoletes all previous editions which may not be used) Incorporated: 64E-6.003, FAC	Page 1 of 3



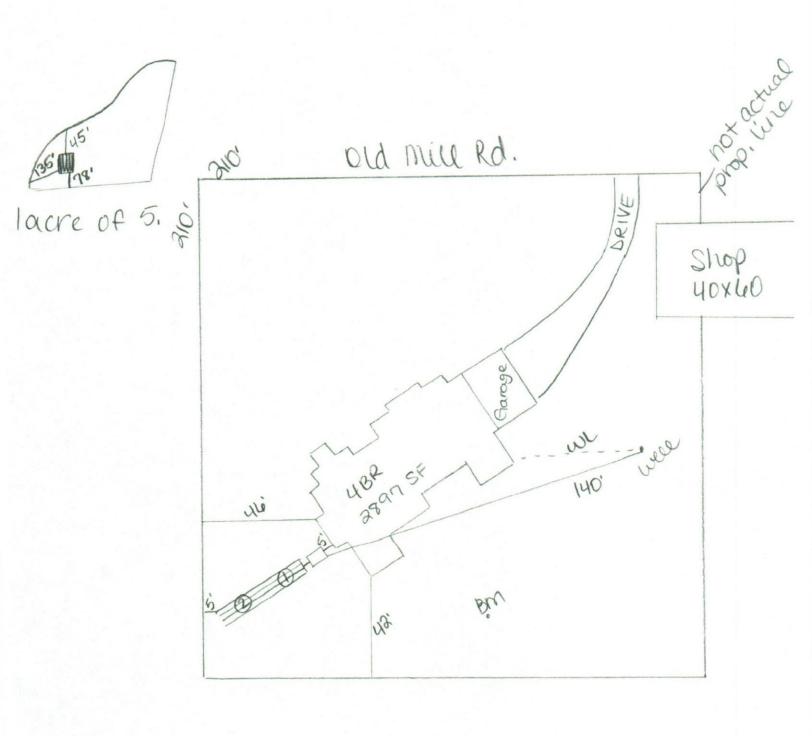
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)

PERMIT NO.
DATE PAID: 4-10-23
FEE PAID: 3/0.00

APPLICATION FOR CONSTRUCTION PERMIT
APPLICATION FOR: [] New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
MAILING ADDRESS: 546 SN DOrtch St, Ft. White, FL. 32038
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 / W]
LOT: MA BLOCK: MA SUBDIVISION: MA PLATTED:
property id #: $\frac{34-38-16-02305-101}{20000000000000000000000000000000000$
PROPERTY SIZE: 5, ACRES WATER SUPPLY: [X] PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: MT
PROPERTY ADDRESS: NW Old Mill DR, Lake City Fl
exit onto NW Bascom Norris DR, TR. onto NW Lauke Teffery Rd, Th onto Old mill Rd
BUILDING INFORMATION RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
SF Residential 4 2897
3
SIGNATURE: North Drains [] Other (Specify) DATE: 4-10-23

M

Royster 1 in = 40ft. 4-10-23



Rocky D7 0

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

0 100	Permit Application Number
KAUSTUR	eet and 1 inch = 40 feet.
de: Each block consequents 40.6	and and district a 40 feet
le. Each block represents 10 fe	set and 1 inch = 40 feet.
	
 	
	
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	MUNICULAR STATE OF THE STATE OF
es:	
1	1500
Plan submitted by:	orly Dit of master contract
	Not Approved Date 4/11/23
n Approved	NOT ADDROVED Date CITUTO

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004, F.A.C.