



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

PERMIT NO. 23-0142  
DATE PAID: 2/22/23  
FEE PAID: \$185.00  
RECEIPT #: AP1938830

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Clifton Kari EMAIL: rockyford@windstream.net  
AGENT: A&B Construction TELEPHONE: 386-497-2311  
MAILING ADDRESS: 546 SW Dorch 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 ☐ N

LOT: 1 BLOCK: NA SUBDIVISION: Sunny Acres PLATTED:

PROPERTY ID #: 15-55-16-03622-101 ZONING:  I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 4.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 3311 SW Mauldin Ave, Lake City, FL

DIRECTIONS TO PROPERTY: TL onto NW Main Blvd, TR onto FL-478, TR onto Co. Rd. 240, TL onto SW Mauldin Ave.

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

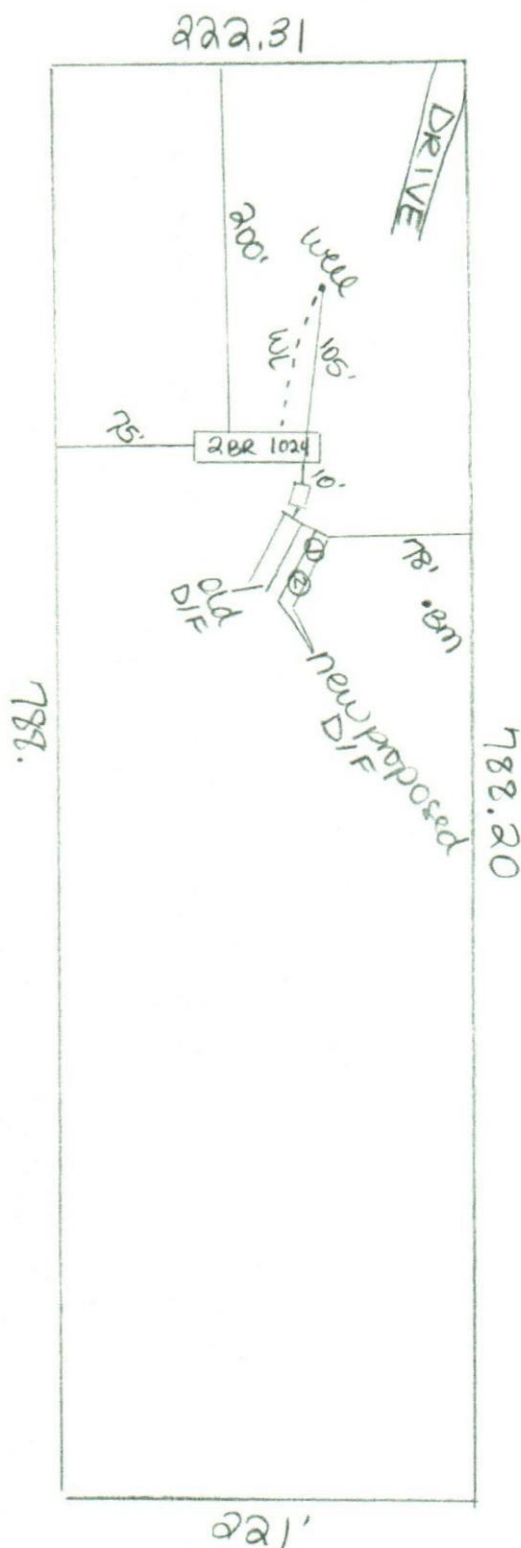
| Unit No | Type of Establishment | No. of Bedrooms | Building Area Sqft   | Commercial/Institutional System Design Table I, Chapter 62-6, FAC |
|---------|-----------------------|-----------------|----------------------|---|
| 1       | <u>SF Residential</u> | <u>2</u>        | <u>116x64 = 1024</u> |   |
| 2       |                       |                 |                      |   |
| 3       |                       |                 |                      |   |
| 4       |                       |                 |                      |   |

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: William D. Bishop DATE: 2-15-23

23-0142

Sw Mauldin Ave.



Kari  
lin = 100 ft.  
2-15-23

Alan D. Bishop



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0142

Kari

PART II - SITEPLAN

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

See  
Attached

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: Liam D. Bishop

master contractor

Plan Approved X Not Approved \_\_\_\_\_

Date 2/23/23

By [Signature] [Signature] County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

DEP 4016, 06-21-2022 (Obsoletes previous editions which may not be used)

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





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

PERMIT #: 12-SC-2641807  
APPLICATION #: AP1938830  
DATE PAID: 2/22/23  
FEE PAID: 185.00  
RECEIPT #: \_\_\_\_\_  
DOCUMENT #: PR1893861

CONSTRUCTION PERMIT FOR: OSTDS Repair  
APPLICANT: Clifton\*\*23-0142 Kari  
PROPERTY ADDRESS: 3311 SW Mauldin Ave Lake City, FL 32024  
LOT: 1 BLOCK: \_\_\_\_\_ SUBDIVISION: Sunny Acres U-1  
PROPERTY ID #: 03622-101 [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 Ex. Septic Tank CAPACITY  
A [ 0 ] GALLONS / GPD \_\_\_\_\_ CAPACITY  
N [ 0 ] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]  
K [ ] GALLONS DOSING TANK CAPACITY [ ] GALLONS @ [ ] DOSES PER 24 HRS #Pumps [ ]

D [ 250 ] SQUARE FEET Drainfield SYSTEM  
R [ 0 ] SQUARE FEET \_\_\_\_\_ SYSTEM  
A TYPE SYSTEM: [X] STANDARD [ ] FILLED [ ] MOUND [ ]  
I CONFIGURATION: [X] TRENCH [ ] BED [ ]

N  
F LOCATION OF BENCHMARK: Nail in oak N. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [ 12.00 ] [ INCHES ] / FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT  
E BOTTOM OF DRAINFIELD TO BE [ 42.00 ] [ INCHES ] / FT [ ] ABOVE / BELOW BENCHMARK/REFERENCE POINT

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

O The system is sized for 2 bedrooms with a maximum occupancy of 4 persons (2 per bedroom), for a total estimated flow of 200 gpd.

T  
H  
E  
R

SPECIFICATIONS BY: William D Bishop II TITLE: Master Septic Contractor

APPROVED BY: Dustin W Jones TITLE: Environmental Specialist II Columbia CHD

DATE ISSUED: 02/23/2023 EXPIRATION DATE: 05/24/2023

DH 4016, 08/09 (Obsoletes all previous editions which may not be used)

Incorporated: 64E-6.003, FAC

Page 1 of 3