



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

PERMIT NO. 25-0001
DATE PAID: 1-3-25
FEE PAID: \$310.00
RECEIPT #: 2184491

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[☒] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Kim M^cConnell EMAIL: SmithSepticOutlook.com

AGENT: Smith Septic TELEPHONE: 386-935-1429

MAILING ADDRESS: P.O. Box 838 Bnd, Fl 32619

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: — BLOCK: — SUBDIVISION: — PLATTED: —

PROPERTY ID #: 33-65-17-09834-109 ZONING: — I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 11.77 ACRES WATER SUPPLY: [☒] PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

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

PROPERTY ADDRESS: 18818 S US Hwy 441

DIRECTIONS TO PROPERTY: 441 South property a 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>Home</u>	<u>2</u>	<u>2058</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) —

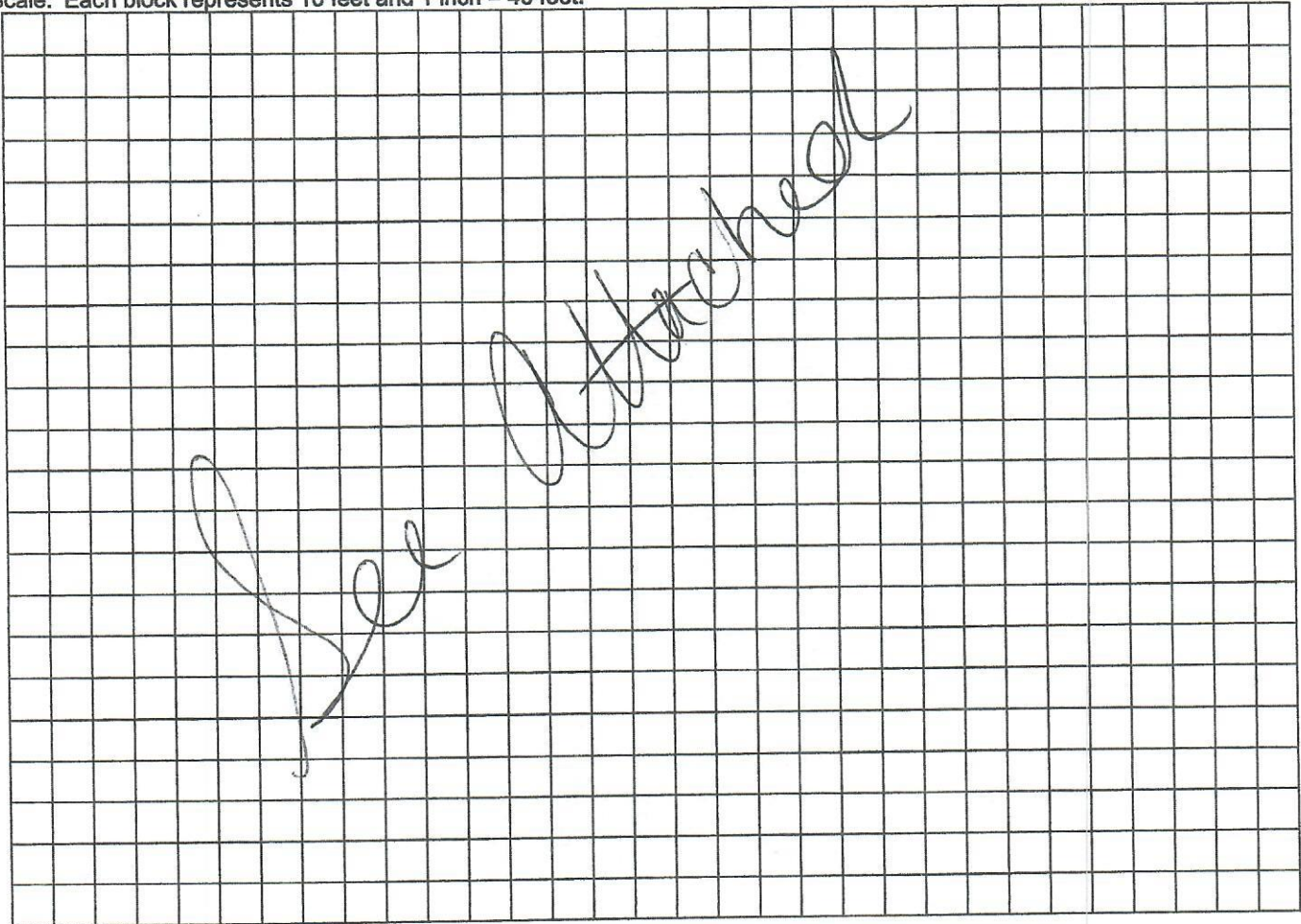
SIGNATURE: [Signature] DATE: 1-2-25

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0001

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

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



Notes: _____

Site Plan submitted by: Ray Smith

Plan Approved [Signature] Not Approved _____

By [Signature] Date 1-2-25 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 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-3058305**
APPLICATION #: **AP2184491**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2202379**

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: KIM**25-0001 McCONNELL

PROPERTY ADDRESS: 18818 US HWY 441 Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 09834109 [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: [X] STANDARD [] FILLED [] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Oak tree E. of site.

I ELEVATION OF PROPOSED SYSTEM SITE [12.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [30.00] [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 300 gpd.

T

H

E

R

SPECIFICATIONS BY: Roy A Smith

TITLE: _____

APPROVED BY: Dustin W Jones

TITLE: Environmental Specialist II

Columbia CHD

DATE ISSUED: 01/06/2025

EXPIRATION DATE: 07/06/2026

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

Incorporated 62-6.004, FAC

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v 1.1.4

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