



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-8877

PERMIT NO. 22-0408
DATE PAID: 5/4/22
FEE PAID: 312.88
RECEIPT #: 1832025

APPLICATION FOR:

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

APPLICANT: CARRIE HOGUE

AGENT: PAUL LLOYD

TELEPHONE: (239) 272-7992

MAILING ADDRESS: 229 SW STELL GLENN

LAKE CITY

FL

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: 14 BLOCK: N/A SUBDIVISION: HEATHERWOOD PLATTED: _____

PROPERTY ID #: 09-6S-17-09630-014 ZONING: _____ I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 4.000 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 229 SW STELL GLENN LAKE CITY

DIRECTIONS TO PROPERTY: TAKE 441 SOUTH PAST I-75. TURN RIGHT ON HOWELL STREET. TURN LEFT ON SOUTHWEST MARION MAN TERRACE. TURN LEFT ON SOUTHWEST MANNING PLACE. TURN RIGHT ON ROCKETT WAY. TURN LEFT ON STELL GLENN. LAST LOT ON LEFT.

BUILDING INFORMATION ☒ RESIDENTIAL ☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	HOUSE	2	1,350	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd DATE: 5/2/22



STATE OF FLORIDA
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PERMIT #: 12-SC-2505106
APPLICATION #: AP1832625
DATE PAID: 5/4/22
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR1765309

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: CARRIE**22-0408 HOGUE
PROPERTY ADDRESS: 229 SW STELL Lake City, FL 32024
LOT: 14 BLOCK: _____ SUBDIVISION: Heatherwood Estates
PROPERTY ID #: 09630-014 [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 [] FILLED [x] MOUND [] _____
I CONFIGURATION: [x] TRENCH [] BED [] _____
N

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

I ELEVATION OF PROPOSED SYSTEM SITE [36.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [36.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L

D FILL REQUIRED: [18.00] 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.

SPECIFICATIONS BY: Paul Lloyd TITLE: PSE

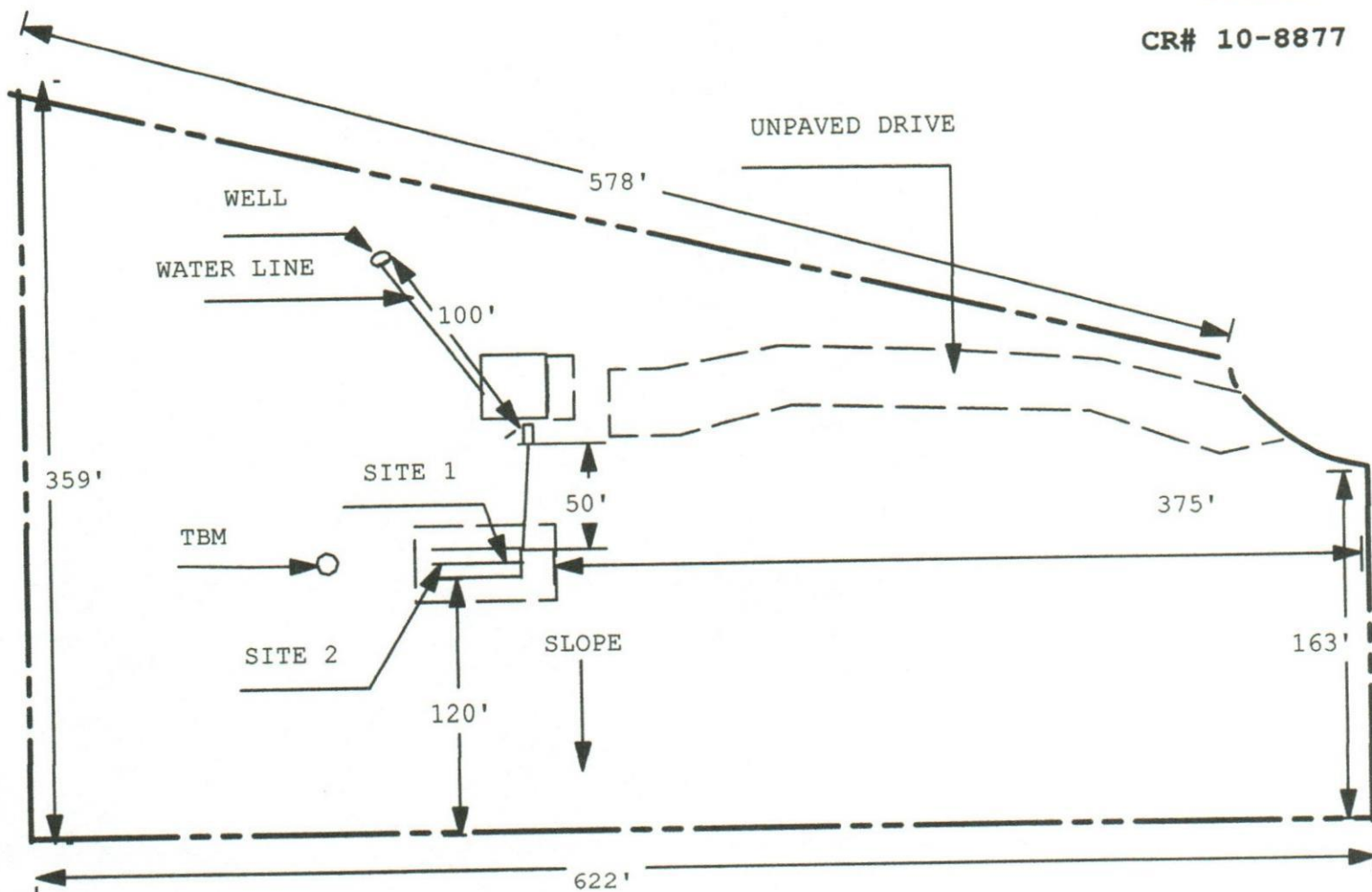
APPROVED BY: _____ TITLE: ESTI Columbia CHD

DATE ISSUED: 01/01/1900 EXPIRATION DATE: 11/13/2023

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

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CR# 10-8877



NO WELLS WITHIN 100'

1 INCH = 80 FEET

By [Signature] Columbia CHD CPHU

Notes: