



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

PERMIT #: **12-SC-4043995**
APPLICATION #: **AP2274850**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2348003**

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: ELLSWORTH**25-0848 MCGUIRE

PROPERTY ADDRESS: 346 SW CHARLES Lake City, FL 32024

LOT: _____ BLOCK: _____ SUBDIVISION: _____

PROPERTY ID #: 00389-001 [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 New Multi-Chambered Septic 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 west of site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [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: [] INCHES

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.

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor

APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
Sean P Havens

DATE ISSUED: 10/30/2025 EXPIRATION DATE: 04/30/2027

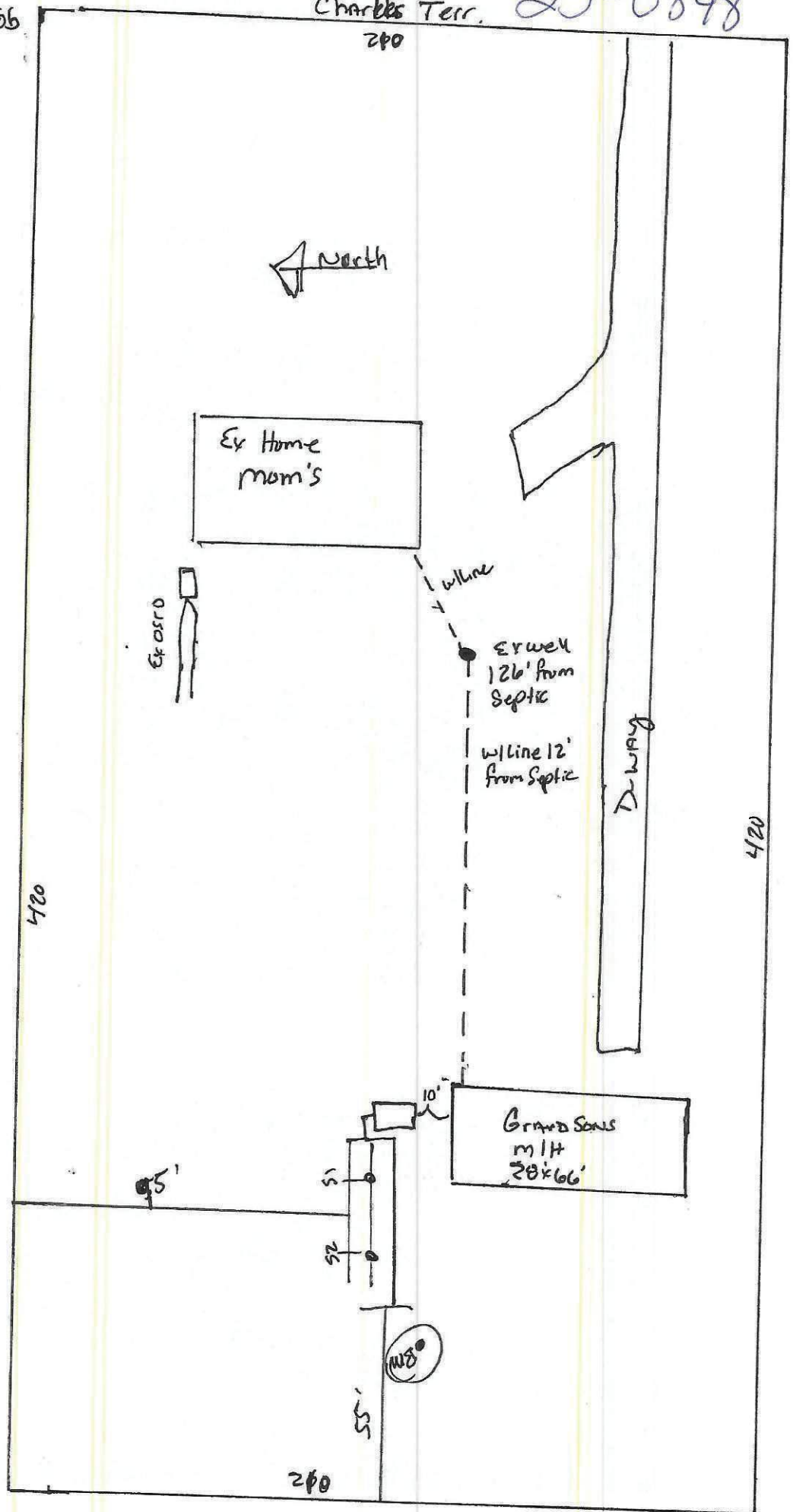
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

KR

1" = 40'
McGuire Job
10-27-2025

Charles Terr.

25-0848



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

1" = 40

Permit Application Number 25-0848

PART II - SITEPLAN

McGuire

See ATT.

Notes:

Site Plan submitted by: Robert Fred Jory 10-27-2025

Plan Approved V

Not Approved

By [Signature]

Columbia

Date 10/27/25

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 ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0848
DATE PAID: 10/29/2025
FEE PAID: \$310.00
RECEIPT #:

2274850

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Ellsworth McGuire

EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025

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: 1 SUBDIVISION: 1 PLATTED: 1

PROPERTY ID #: 25-45-15-00389-001 ZONING: 1 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.02 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / X]

DISTANCE TO SEWER: 1 FT

PROPERTY ADDRESS: 3410 SW Charles Ter, Lake City FL 32024

DIRECTIONS TO PROPERTY: 1

BUILDING INFORMATION

[X] 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>Used MH</u>	<u>3</u>	<u>1848</u>	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) 1

SIGNATURE: Robert Ford III

DATE: 10-27-2025



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

PERMIT NO. 25-0804
DATE PAID: 10/30/25
FEE PAID: 185.00
RECEIPT #: 2275160

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: LEE YU

EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025

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: 14 ~~Block~~ Unit 2 SUBDIVISION: East Wood

PLATTED: 1980

PROPERTY ID #: 15-48-17-08360-192 ZONING: SF I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 0.33 ACRES WATER SUPPLY: ☒ PRIVATE ☐ PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ X

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 233 SE Sardia Way Lake City

DIRECTIONS TO PROPERTY: _____

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</u>	<u>3</u>	<u>1400</u>	<u>ORG</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Robert Ford III

DATE: 10/29/25

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Incorporated 62-6.004, FAC



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

PERMIT #: **12-SC-4044586**
APPLICATION #: **AP2275160**
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: **PR2348260**

CONSTRUCTION PERMIT FOR: OSTDS Repair
APPLICANT: LEE**25-0854 YU
PROPERTY ADDRESS: 233 SE SANDIA Lake City, FL 32055
LOT: 14 BLOCK: _____ SUBDIVISION: Eastwood U-2
PROPERTY ID #: 08360-192 [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 Existing 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 [375] SQUARE FEET Drainfield SYSTEM
R [0] SQUARE FEET _____ SYSTEM
A TYPE SYSTEM: [X] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [X] TRENCH [] BED []

F LOCATION OF BENCHMARK: Small tree north of site
I ELEVATION OF PROPOSED SYSTEM SITE [24.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [48.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT

D FILL REQUIRED: [0.00] INCHES EXCAVATION REQUIRED: [] 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 Minimum required drainfield is 225sqft due to age of home, contractor has requested to update system to new code
H standards with 375sqft. System may also be as deep as original at 50" BBM but contractor has requested 48" BBM.
E Required drainfield area based on Rule 62-6.015(6)(c)2., F.A.C.
R

SPECIFICATIONS BY: Robert Ford TITLE: Master Contractor
APPROVED BY: Sean P Havens TITLE: Environmental Specialist I Columbia CHD

DATE ISSUED: 11/03/2025 EXPIRATION DATE: 02/01/2026

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

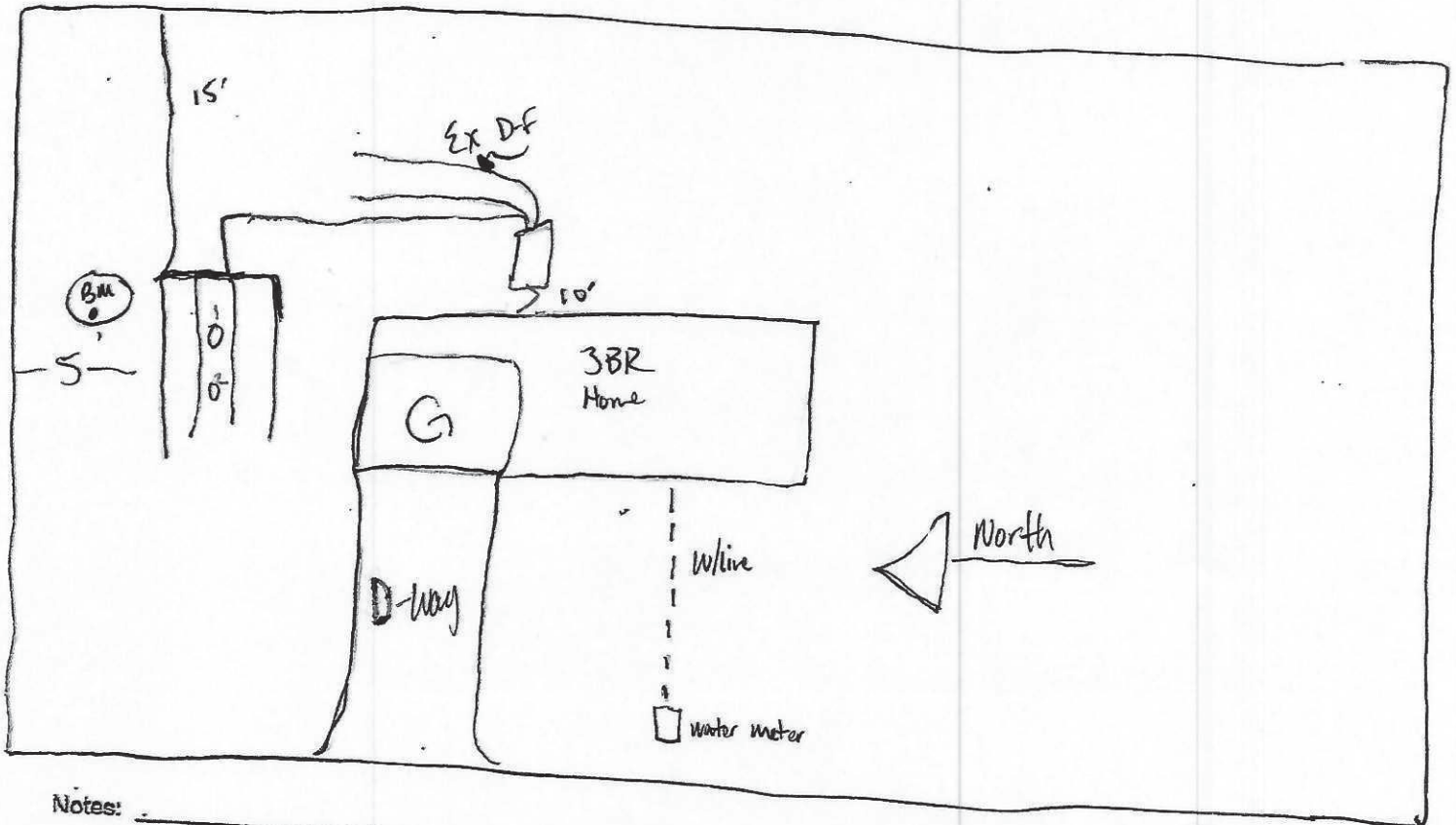
KR

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0854

PART II - SITEPLAN

LEE Y.V. 233 SE Sandia Way



Notes:

Site Plan submitted by: Ponbani Ford GUY

Plan Approved ✓

By [Signature] Not Approved Columbia

Date 10/29/25
County Health Department

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