

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

PERMIT	#: 12-SC-3167604
APPLICATION	#: AP2240061
DATE PA	ID:
FEE PA	ID:
RECEIPT	#:

		DOCUMENT #:	PR2295933
CONSTRUCTION PERMIT FOR: OSTDS New			
APPLICANT: STEPHEN**25-0589 PROVEAUX		•	
PROPERTY ADDRESS: SW KOONVILLE Ave			
Tom			
DIOCK.	SUBDIVISION:		
PROPERTY ID #: 00330-000		[SECTION, TOWNSHIP, RANGE, PAR [OR TAX ID NUMBER]	CEL NUMBER]
SYSTEM MUST BE CONSTRUCTED IN 381.0065, F.S., AND CHAPTER 64E-6, SATISFACTORY PERFORMANCE FOR ANY S WHICH SERVED AS A BASIS FOR ISSUE DERMIT APPLICATION. SUCH MODIFICATIONSULANCE OF THIS PERMIT DOES NOT STATE, OR LOCAL PERMITTING REQUIRED FOR	F.A.C. DEPART PECIFIC PERIOD ANCE OF THIS P IONS MAY RESULT EXEMPT THE API	OF TIME. ANY CHANGE IN ERMIT, REQUIRE THE APPLICANT IN THIS PERMIT BEING MADE	MATERIAL FACTS, T TO MODIFY THE
SYSTEM DESIGN AND SPECIFICATIONS T [900] GALLONS / GPD	N/A CAPACITY [MAXIMU TY []GAI Id SYSTEM SYSTEM] FILLED [] N BED [] [12.00] [INCHES [30.00] [INCHES EXCAVATION REQUIRED	CAPACITY OM CAPACITY SINGLE TANK: 1250 GAL LIONS @[]DOSES PER 24 HRS MOUND [] FT][ABOVE BELOW BENCHMARK / R FT][ABOVE BELOW BENCHMARK / R UIRED: [] INCHES TSONS (2 per bedroom), for a total estimate	#Pumps []
R			
SPECIFICATIONS BY: William D Bishop II		PITLE: Master Septic Contractor	
APPROVED BY:	TITLE: Environme	ental Specialist I	Columbia CHD
DATE ISSUED: 07/30/2025		EXPIRATION DATE:	01/30/2027
DEP 4015, 06-21-2022 (Obsoletes previous Incorporated 62-6.004, FAC	editions which ma	y not be used)	
v 1.1.4	AP2240061	SE2196583	Page 1 of 3
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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)

DERMIT NO. 35	DARG
DATE PAID: 7	1171Ax
FEE PAID: (3)	8.00
RECEIPT #: 314	LAALL

APPLICATION FOR CON	STRUCTION	PERMIT
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AFFIICATION F	OR CONSTRUCTION P	ERMIT	
APPLICATION FOR: [] New System [] Ex [] Repair [] Ab	isting System [andonment [] Holding Tank [] Temporary [] Innovative
APPLICANT: Stephen Drow		EMAIL:	
AGENT: AB CONSTRUCT		TELEPHONE	s: 386-497-2211
MAILING ADDRESS: 546 SM			
TO BE COMPLETED BY APPLICANT OF A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUEST	TO 489.105(3)(m) OR PROVIDE DOCUMENTATION	489.552, FLORIDA STAT	TUTES. IT IS THE
PROPERTY INFORMATION		OSTDS REMEDIAT	TION PLAN? [Y/N]
LOT: NA SUE	DIVISION: NA		PLATTED:
PROPERTY ID #: 02-45-15			
property size: SA. acres wa	FER SUPPLY: [V] PRIV	ATE PUBLIC []<=200	OGPD []>2000GPD
PROPERTY ADDRESS:	N FOOT VILLE AVE	, care ciry, FL	Λ 1
DIRECTIONS TO PROPERTY:		t on koonvill	e three to
property on left	J		
BUILDING INFORMATION	[V] RESIDENTIAL	[] COMMERCIAL	
Unit Type of No Establishment	No. of Building Bedrooms Area Sqft	Commercial/Institution Table I, Chapter 62-	onal System Design 6, FAC
1 SFR	3 2061		
2			
3			-
4			
[] Floor/Equipment Drains	[] Other (Specif	у)	
SIGNATURE: William D. Bish	9年	DATE:	1/11/25

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

1"= 401

25 0589 Willia a Bidgo #

