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

PERMIT NO. 23-0207
DATE PAID: 3/15/23
FEE PAID: 425.00
RECEIPT #: AP19531S6

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[X] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [X] Need Soil Samples

APPLICANT: Eric Woods EMAIL: amanda.mote@gmail.com
AGENT: Permitting Services + More, LLC TELEPHONE: (386) 288.9673
MAILING ADDRESS: 301 SW Faul Covet Lake City FL 32024

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: 3 BLOCK: _____ SUBDIVISION: Dogwood Lake Retreat PLATTED: —

PROPERTY ID #: 05-5S-17-09118-103 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 1.14 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: 100 FT

PROPERTY ADDRESS: 189 SW Dogwood Lake Glen Lake City FL 32024

DIRECTIONS TO PROPERTY: (L) onto NE Madison st, (L) onto N. Marion Ave, (L) onto SW Main Blvd, (R) onto SW Forest Lawn way (L) onto SW Dogwood Lake Glen — destination on Left.

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

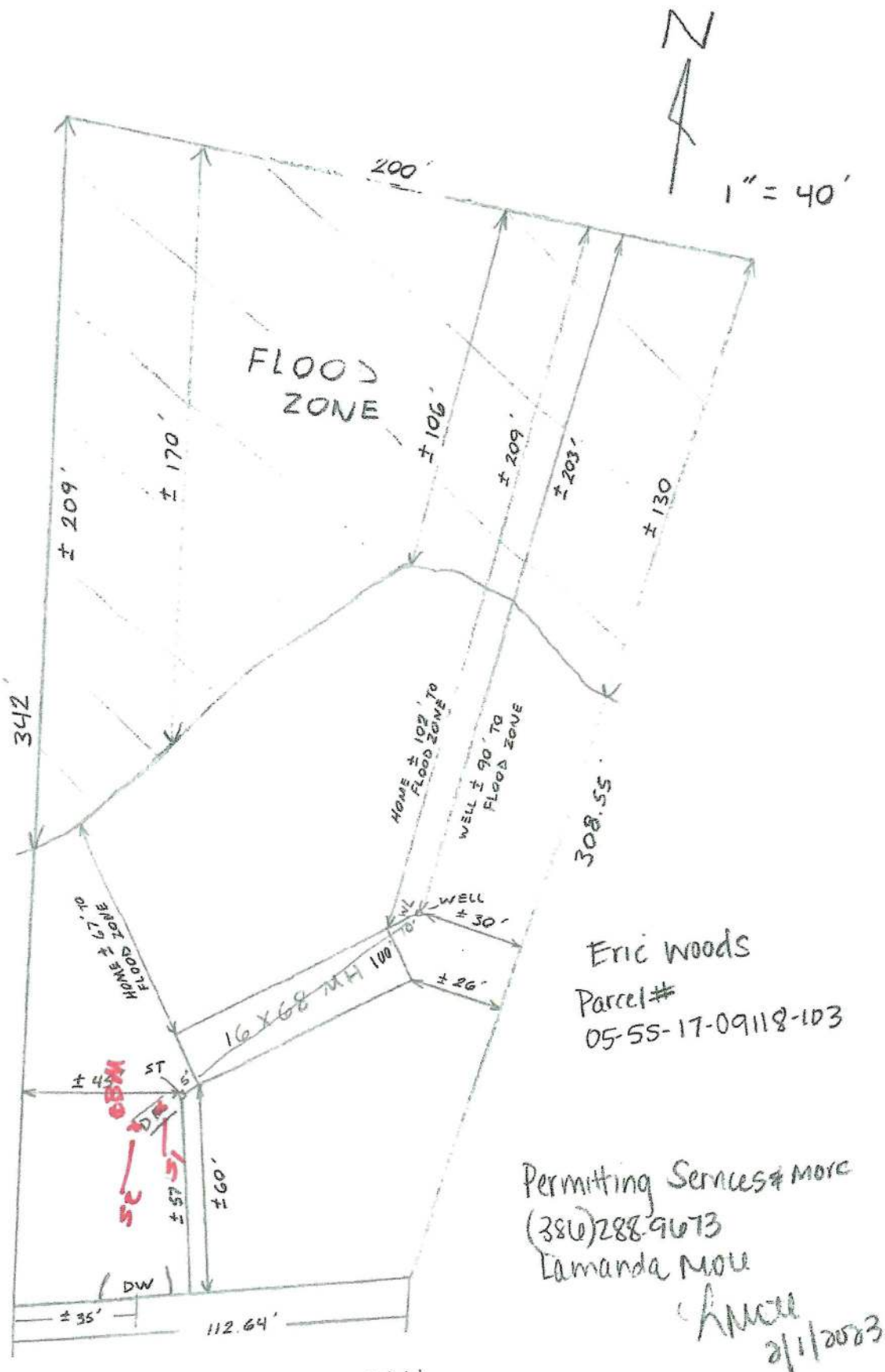
Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	New Mobile Home	2	1020	
2				
3				
4				

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

SIGNATURE: Amanda Mote DATE: 03-14-23

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

23-0207



Eric Woods
Parcel#
05-5S-17-09118-103

Permitting Services & More
(386)288-9673
Lamanda Mote

2/1/2023

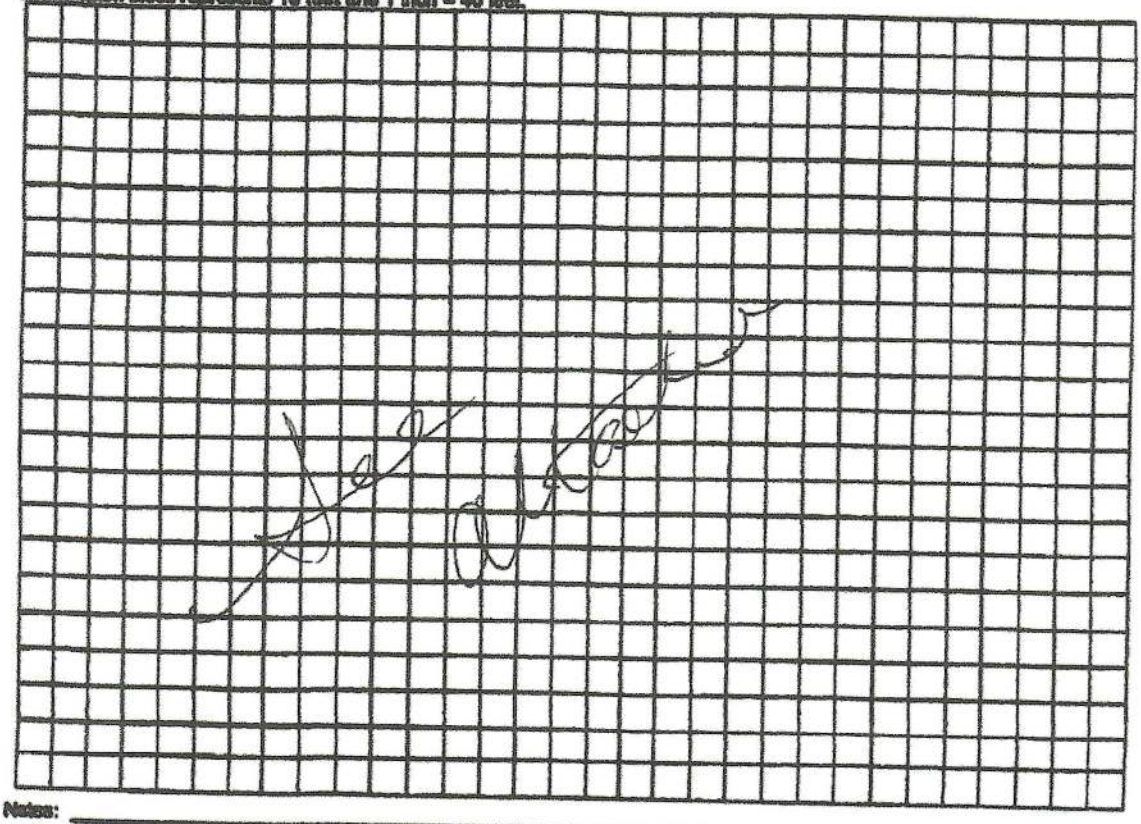
Please See Attached to Scale Site plan

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0207

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: Amanda Mae 03.14.23

Plan Approved ____ Not Approved ____ Date 3/23/23

By ____ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 08-21-2022 (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-2668932
APPLICATION #: AP1953156
DATE PAID: 3/15/23
FEE PAID: 425
RECEIPT #:
DOCUMENT #: PR1909424

CONSTRUCTION PERMIT FOR: OSTDS New

APPLICANT: Eric**23-0207 Woods

PROPERTY ADDRESS: 189 SW Dogwood Lake Gln Lake City, FL 32024

LOT: 3 BLOCK: SUBDIVISION: DOGWOOD LAKE RETREAT

PROPERTY ID #: 09118-103 [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 [250] 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: Nail in tree w/ green tape.
I ELEVATION OF PROPOSED SYSTEM SITE [43.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [55.00] [INCHES / FT] [ABOVE / BELOW] BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [6.00] INCHES EXCAVATION REQUIRED: [0.00] INCHES

O T H E R: 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.

SPECIFICATIONS BY: Dustin W Jones TITLE: Environmental Specialist II

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

DATE ISSUED: 03/24/2023 EXPIRATION DATE: 09/24/2024

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

v 1.1.4 AP1953156 CEL827388