



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

PERMIT #: 12-SC-3003346

APPLICATION #: AP2148824

DATE PAID: 10/1/24

FEE PAID: 70.00

RECEIPT #:____

			DOCUMENT #	PR2168868
5-0				
CONSTRUCTION PERMIT				
100000000000000000000000000000000000000	24-0736 BRAUN	THE RESERVE		
PROPERTY ADDRESS:	471 SW STEWART La	ake City, FL 32024		
LOT: 2	BLOCK: A	SUBDIVISION:	Plantation Estates	
PROPERTY ID #: 03	3165-001		[SECTION, TOWNSHIP, RANGE, PA [OR TAX ID NUMBER]	RCEL NUMBER]
	AND CHAPTER 64E-6, DRMANCE FOR ANY SPE A BASIS FOR ISSUAN	ECIFIC PERIOD ICE OF THIS I INS MAY RESULT EXEMPT THE AP	TMENT APPROVAL OF SYSTEM DO OF TIME. ANY CHANGE IN PERMIT, REQUIRE THE APPLICAN IN THIS PERMIT BEING MADE	DES NOT GUARANTEE MATERIAL FACTS, T TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND S	PECIFICATIONS			
N [] GALLON K [] GALLON K [] GALLON D [375] SQUARE R [] SQUARE A TYPE SYSTEM: I CONFIGURATION: N F LOCATION OF BENCH I ELEVATION OF PROPO E BOTTOM OF DRAINFIE L D FILL REQUIRED:	IS GREASE INTERCEPTOR C IS DOSING TANK CAPACITY FEET Drainfield FEET N/A [*] STANDARD [] [*] TRENCH [] E MARK: Nail with pink ribbo DSED SYSTEM SITE ELD TO BE [6.00] INCHES	N/A APACITY [MAXIMI []GA SYSTEM SYSTEM FILLED [] In in oak W of site [19.00] [INCHES [31.00] [INCHES	CAPACITY JM CAPACITY SINGLE TANK:1250 GAI LLONS @[]DOSES PER 24 HRS	#Pumps []
SPECIFICATIONS BY:	(Joshua) Kameron Kee	n 1	FITLE: CEHP	4
APPROVED BY:			ental Specialist I	Columbia CHD
DATE ISSUED:	10/07/2024		EXPIRATION DATE:	04/07/2026
DEP 4015, 06-21-2022	(Obsoletes previous ed	ditions which ma		0110112020
Incorporated 62-6.00	4, FAC	AF2148824	SE2079383	Page 1 of 3



STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SENAGE TREATMENT AND DISPOSAL SYSTEM (OSTRE)

PERMIT NO. DATE PAID: FEE PAID: RECEIPT #:	24-87360 1314360
	1,0000

RECEIPT #: 17
APPLICATION FOR
APPLICATION FOR:
I I Repair I I Existing some
Abandonment I] Rolding Tank
IX New System [] Existing System [] Holding Tank [] Innovative APPLICANT: Qul Brown
AGENT: Adoles I
Mattern Lundy - Lyndy's Septic
TELEPHONE: 386-364-548
MAILING ADDRESS: 85910 US 90 East Live Oak, FL 32040 TO BE COMPLETED BY, APPLICANT OR APPLICANTED BY A PERSON EXCENTS.
TO BE COMPLETED BY, APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CONSTRUCTED PLATTED (RM/ND/YY) IF REQUESTING CONSIDERATION OF STRUCTED OF THE DATE THE LOT WAS CONSTRUCTED.
APPLICANT'S RESPONSIBILITY TO 489.105 (3) (m) OR 480 552 SYSTEMS MUST BE CONCERN.
THE CAMPOD AND IT REQUESTING CONSTRUCTED OF THE DATE AND A STATUTES. IT IS THE
PROPERTY IMPORMATION
LOT: 2 BLOCK: A SUBDIVISION: Plantation Estates Add. PLATTED:
LOT: A SUBDIVISION: Plands No. Fol. 1 ALL
PROPERTY ID #: 25-45-16-03165
ZONING: TAY OF
PROPERTY ID #: 25-45-16-03 65-00 ZONING: I/M OR EQUIVALENT: [Y CD]
IS SEERED REPORTED TO A SEERED
PROPERTY 381.0065, ESP [Y/@]
SERRE:
PROPERTY ADDRESS: 471 SW Stewart Loop Lake City 32024 DIRECTIONS TO PROPERTY: Take FL-47 S B C4-2424, C SW Stewart Loop Parcel on C
0 Ce-242 A. O. Sh. St.
Parcel on (1)
BUILDING INFORMATION
Unit Type of
Wo Establishment Wo. of Building
Beurooms Area Soft That Institutional Resident
SFR 3 1891
1011
9
4
Other /Special
- Udaling Jun Ail
DEP 4015, 06-21-2022 (C) DATE: 9/24/24
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
and the used)

24-0736 scale 1":40" Sychary Loop SA 68

Paul Braun 471 SW Stavant Loop Lake City F1 32024

adam Lundy 9-24-24

M. Meen 23-2064 9/24/24

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT
Permit Application Number 24-2736

le:	Eac	h bio	ck re	pres	ent	10	feet	and	1 1	nch	= 40	fee	t		-													
L	_	_	_			-																I			T		T	
L	-									T					T	-		-		-	1	1		-	-	-	-	Name of Street
											1		1	-	T		-	-		-	-	-	-	1	-	-	- Annie and Anni	-
			-				-			1	T		T	1	1		-	-		-	-	-	-	-	-		-	-
			1	-			-	_		1	1	1	1	-	-	-	-	-	-	-		-	_	-	-	-		_
Г		_	1	1		-	-	-	-	1	+	-	-	-	-	-	-	-	-	-	-	-	_		_	-	Moran de	Design
1	+	-	-		-	-	-			-	-	-	-	-	-	-			-		-							-
H	+	-	-	-		-	-		-	-	-	-	-		-	_	-		-		-		-					
-	-	+	-	-	-		-		and the same	-	-	-	-	-	-	-	-	-	-		-	all control						
-	+	-	-	-		-	-	-		-	-	-	-	-	-	-					-	-		-				
-	+	-	-	-	_		_	-		_	-	-																
-	-	-				_																						
-	-	-		-					-																	1		-
-	-	-																								7		- MO
NO.																										+	-	-
																		7		-	-		-		-	+	-	-
	1																-		-	-	-	-	-	-	-	-	-	-
	1				7	7		7						-	1	-	-	-	-	-		-	-	-	-	_	-	_
* Trace	T	-			1		-			-	-	-	-	-	-	-	+	\dashv	-	-	-	-	-	-	_		-	-
-	1	-			+	-	_	+	1	-		-	-	-	-	+	-	+	-	-	-	-	-	_	4	_		
_	1	-	-	-	-	-	-	+	-	-	-	-	-	_	_	-	-	1	-	-	_	_						
nampha (-	-	-	-	-	_	-	-	-	_			_	_	-	_		_										
-	-	-	-	-	-	_	-	_	_	_	_	_																T
N/ophysical Street, St	-								_1																	1	-	1
***	-	THE PERSON NAMED IN	-	-	Printer Control		-	-	-	************	-	-		-		-	-		-						-			-
-	the reserve that	or other Designation of the London	-	The Personal Property lies	-			-	-	-				-	-	NAME OF TAXABLE PARTY.	-											
- Conput	-	-	-				-	-	-		-	-														-		
_	-	mitte d	-	A	11	1/			-			-		-							-		-	THE REAL PROPERTY.	- Parlinger	-	The State of the S	
Bn	sub	mitte	d by	1	.9	4	4		THE REAL PROPERTY.	- DISIN			6	13	·~	O	04		-	-		-	-	-	-	-	24 lepar	-
					-									-	-	-	-	-	-		76	mingrania y a	-	-	-			

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.