



FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
CONSTRUCTION PERMIT

PERMIT NO. 33-SJ-5058528
APPLICATION #: AP4185335
DATE PAID: 03/25/2025
FEE PAID: 55
RECEIPT #: 33-PID-9226699
DOCUMENT #: PR4203929

CONSTRUCTION PERMIT FOR:

[X] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: (McLaughlin LL & JH Trust)

PROPERTY ADDRESS: 36 Shiver Rd Monticello, FL 32344

LOT: BLOCK: SUBDIVISION:

PROPERTY ID #: 192N5E00000160000 (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 62-6, 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 [1050] GALLONS / GPD Proposed Septic Tank CAPACITY MULTI-CHAMBERED/IN-SERIES []

A [] GALLONS / GPD CAPACITY MULTI-CHAMBERED/IN-SERIES []

N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK: 1250 GALLONS]

K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS # PUMPS []

D [354] SQUARE FEET Proposed Drainfield SYSTEM

R [] SQUARE FEET SYSTEM

A TYPE SYSTEM: [] STANDARD [] FILLED [X] MOUND []

I CONFIGURATION: [X] TRENCH [] BED []

N

F LOCATION OF BENCHMARK: Nail in pole with orange tape

I ELEVATION OF PROPOSED SYSTEM SITE [42] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT

E BOTTOM OF DRAINFIELD TO BE [24] [INCHES] [BELOW] BENCHMARK/REFERENCE POINT

L

D FILL REQUIRED: [36] INCHES EXCAVATION REQUIRED: [] INCHES

O Mound construction required. Prior to constructing the mound the O horizon of topsoil and vegetation must be removed from beneath the drainfield, shoulders and slopes. The underlying soil must be plowed or roughened to prevent the formation of an impervious barrier between the fill material and natural soil. Install a minimum 1050 gallon septic tank with an outlet device filter. Install a minimum of 354 square feet of drainfield in trenches. The bottom of the drainfield shall not exceed 18 inches above grade at any location. Drainfield sizing is based on 62-6.008 (2) Table II, FAC. (Comments Continued on Page 2.)

SPECIFICATIONS BY: William "Bill" Gibson

TITLE: Owner

APPROVED BY: Jason Chessher

TITLE: Environmental Consultant

Jefferson

CHD

DATE ISSUED: 5/2/2025 12:00:00 AM

EXPIRATION DATE: 11/2/2026 12:00:00 AM

The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 230 gpd. Maintain all required setbacks.

INSTRUCTIONS:

PERMIT NUMBER: Permit tracking number assigned by CPHU.

CONSTRUCTION PERMIT FOR: Check type of permit, if "Other" specify type in blank.

APPLICANT: Property owner's full name.

TELEPHONE: Telephone number for applicant or agent.

AGENT: Property owner's legally authorized representative.

MAILING ADDRESS: P.O. Box or street mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION or
PROPERTY ID#: 27 character id number for property. (CHD may require property appraiser ID #
or section/township/range/parcel number)

TANK: Minimum specifications from Chapter 62-2, FAC.

DRAINFIELD: Minimum specifications from Chapter 62-6, FAC.

OTHER: Other specifications, such as operating permit requirements, low-volume flush
toilets, variance provisions.

SPECIFICATIONS BY: Name of individual providing specifications. If designed by a registered
engineer must be sealed.

APPROVED BY: County Health Department (CHD) personnel reviewing and approving permit.

DATE ISSUED: Date permit is issued by CHD

EXPIRATION DATE: Eighteen months from date issued if the system has not been installed. Permits
for system repairs become void 90 days from the date issued.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

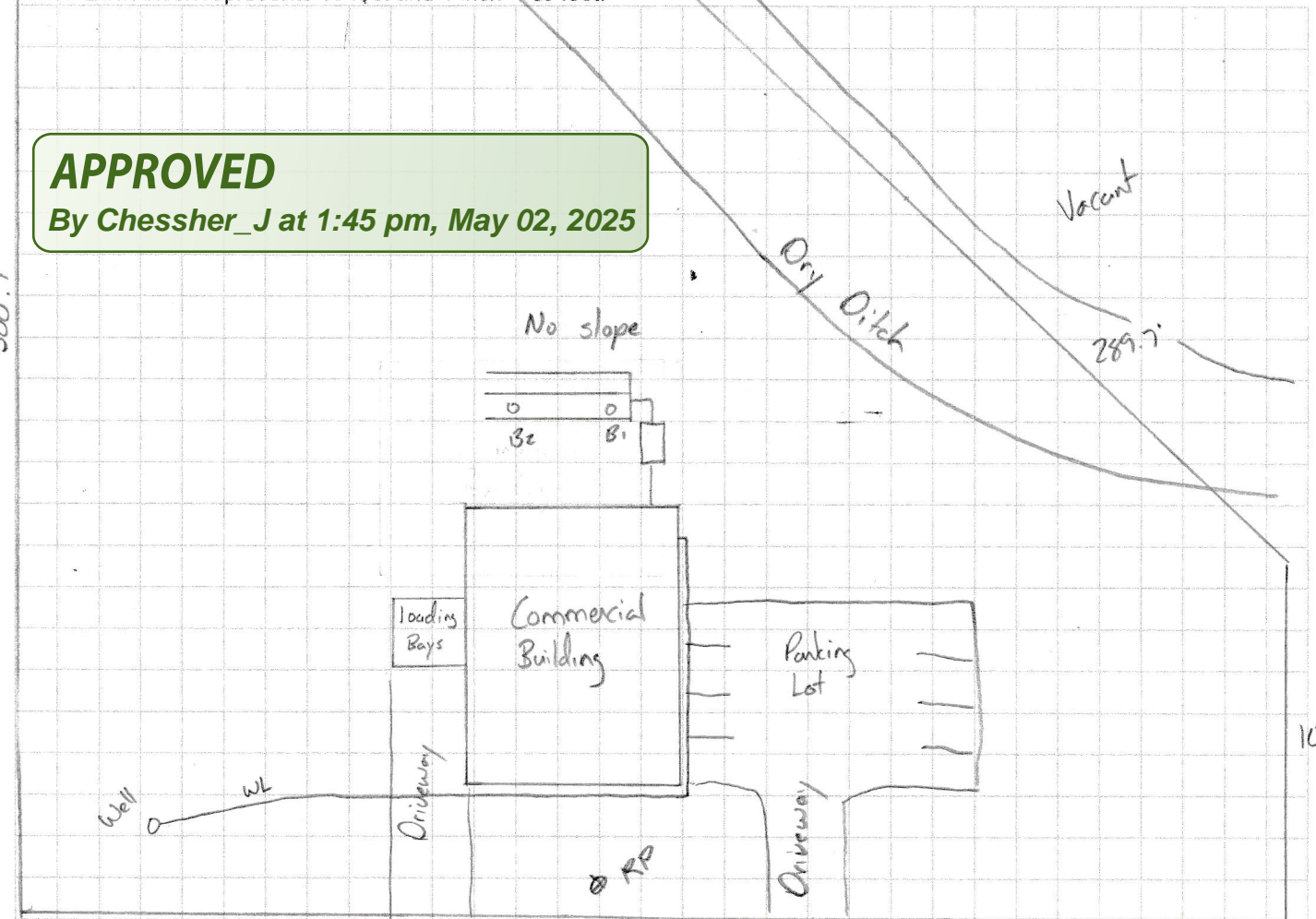
Permit Application Number McLaughlin

----- PART II - SITEPLAN -----

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

APPROVED

By Chessher_J at 1:45 pm, May 02, 2025



Notes:

Site Plan submitted by: William Gibson CEHP 23-1828

3/20/25

Plan Approved _____

Not Approved _____

Date _____

By _____ 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

PERMIT NO. _____

SITE EVALUATION AND SYSTEM SPECIFICATIONS

APPLICANT: Mclaughlin LL & JH Trust AGENT: William "Bill" Gibson
LOT: NA BLOCK: NA SUBDIVISION: NA
PROPERTY ID #: 19-2N-5E-0000-0160-0000 [Section/Township/Parcel No. or Tax ID Number]

TO BE COMPLETED BY ENGINEER, HEALTH DEPARTMENT EMPLOYEE, OR OTHER QUALIFIED PERSON. ENGINEERS MUST PROVIDE REGISTRATION NUMBER AND SIGN AND SEAL EACH PAGE OF SUBMITTAL. COMPLETE ALL ITEMS.

PROPERTY SIZE CONFORMS TO SITE PLAN: ☒ YES ☐ NO NET USABLE AREA AVAILABLE: 1.75 ACRES
TOTAL ESTIMATED SEWAGE FLOW: 230 GALLONS PER DAY TABLE I / OTHER]
AUTHORIZED SEWAGE FLOW: 2625 GALLONS PER DAY [1500 GPD/ACRE] OR 2500 GPD/ACRE]
UNOBSTRUCTED AREA AVAILABLE: 2000+ SQFT UNOBSTRUCTED AREA REQUIRED: 530 SQFT

BENCHMARK/REFERENCE POINT LOCATION: Nail in power pole with orange tape.
ELEVATION OF PROPOSED SYSTEM SITE IS 42 [INCHES/FT] [ABOVE/BELOW] BENCHMARK/REFERENCE POINT

THE MINIMUM SETBACK WHICH CAN BE MAINTAINED FROM THE PROPOSED SYSTEM TO THE FOLLOWING FEATURES
SURFACE WATER: NA FT DITCHES/SWALES: 50 FT NORMALLY WET? ☐ YES ☒ NO
WELLS: PUBLIC: NA FT LIMITED USE: 100+ FT PRIVATE: NA FT NON-POTABLE: NA FT
BUILDING FOUNDATIONS: 8 FT PROPERTY LINES: 89 FT POTABLE WATER LINES: 21 FT

SITE SUBJECT TO FREQUENT FLOODING: ☐ YES ☒ NO 10 YEAR FLOODING? ☐ YES ☒ NO
10 YEAR FLOOD ELEVATION FOR SITE: NA FT MSL/NGVD SITE ELEVATION: NA FT MSL/NGVD

SOIL PROFILE INFORMATION SITE 1 42"

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 4-2	FSL	0 TO 6
10YR 6-2,5-8,5-3	SCL	6 TO 72
2.5YR 4-6	SCL	10 TO 72
10YR 6-1	CMN/DST RF	6 TO 72
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Mapped as Troup</u>		

SOIL PROFILE INFORMATION SITE 2 50"

MUNSELL #/COLOR	TEXTURE	DEPTH
10YR 4-3	FSL	0 TO 8
10YR 6-2,5-8,5-4	SCL	8 TO 72
2.5YR 4-6	SCL	10 TO 72
10YR 7-1	CMN/DST RF	7 TO 72
		TO
		TO
		TO
		TO
		TO
USDA SOIL SERIES: <u>Mapped as Troup</u>		

OBSERVED WATER TABLE: 24 INCHES [ABOVE / BELOW] EXISTING GRADE. TYPE: [PERCHED / APPARENT]
ESTIMATED WET SEASON WATER TABLE ELEVATION: 6 INCHES [ABOVE / BELOW] EXISTING GRADE
HIGH WATER TABLE VEGETATION: ☐ YES ☒ NO WSWT INDICATOR: ☒ YES ☐ NO DEPTH: 6 INCHES

SOIL TEXTURE/LOADING RATE FOR SYSTEM SIZING: SCL / 0.65 DEPTH OF EXCAVATION: NA INCHES
DRAINFIELD CONFIGURATION: ☒ TRENCH ☐ BED ☐ OTHER (SPECIFY) _____

REMARKS/ADDITIONAL CRITERIA: Recommend minimum 1050 gallon septic tank and minimum 354 square feet of drain field in trenches.

SITE EVALUATED BY: William Gibson CEHP 23-1828 DATE: 3/13/2025

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

Incorporated: 62-6.004, FAC



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

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[x] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT: McLaughlin LL & JH Trust EMAIL: gibsonsepticconsulting@gmail.com

AGENT: William "Bill" Gibson TELEPHONE: 850-673-9085

MAILING ADDRESS: 1265 NE Avocado St. Madison 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

OSTDS REMEDIATION PLAN? [Y / ☒ N]

LOT: NA BLOCK: NA SUBDIVISION: NA PLATTED: 1/1/1974

PROPERTY ID #: 19-2N-5E-0000-0160-0000 ZONING: COM I/M OR EQUIVALENT: [Y / ☒ N]

PROPERTY SIZE: 1.75 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / ☒ N] DISTANCE TO SEWER: 5000+ FT

PROPERTY ADDRESS: 36 Shiver Rd Monticello FL 32344

DIRECTIONS TO PROPERTY: From Monticello go north on Hwy 19 until you reach Shiver Rd then TR and property is on the right.

BUILDING INFORMATION

[] RESIDENTIAL

[x] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	Warehouse	0	4800	2 loading bays, 2 employees
2				
3				
4				

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

SIGNATURE: William Gibson DATE: 3/20/2025

Prepared by and return to:

Leslie Wilkinson
North Florida Abstract & Title, LLC
710 North Jefferson Street
Monticello, FL 32344
(850) 997-2670
File No 24-762

Parcel Identification No 19-2N-5E-0000-0160-0000

[Space Above This Line For Recording Data]

WARRANTY DEED

(STATUTORY FORM – SECTION 689.02, F.S.)

This indenture made the 6th day of November, 2024, between Joshua Thomas Smith, conveying his separate, non-homestead property, whose post office address is 2346 Lake Road, Monticello, FL 32344, of the County of Jefferson, Florida, Grantor, to Lamar Louis McLaughlin and Jo-Anne Hanehan McLaughlin, Trustees of Lamar Louis McLaughlin and Jo-Anne H. McLaughlin Revocable Trust dated February 22, 2013, whose post office address is 581 Armstrong Road, Monticello, FL 32344, of the County of Jefferson, Florida, Grantee:

Witnesseth, that said Grantor, for and in consideration of the sum of TEN DOLLARS (U.S.\$10.00) and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Jefferson, Florida, to-wit:

That certain property as described in Official Records Book 483, page 408, in the Public Records of Jefferson County, Florida, being more particularly described by recent survey as follows:

COMMENCE AT the Northwest Corner of Section 19, Township 2 North, Range 5 East, Jefferson County, Florida and run South along the West line of said Section 19 a distance of 1247.0 feet to a point, thence East 307.0 feet to the POINT OF BEGINNING, said point being the Southwest corner of Lot 66 of vacated Monticello Court, per plat of record in the Public Records of said Jefferson County, Florida, in Plat Book "B", Page 13, thence from said POINT OF BEGINNING, run North 00 degrees 00 minutes 24 seconds West 149.95 feet, thence run South 89 degrees 59 minutes 01 seconds East 139.98 feet, thence run South 42 degrees 34 minutes 02 seconds East 310.33 feet to a point on the West right-of-way of U.S. Highway 19 (a.k.a. State Road 57), thence run South 00 degrees 07 minutes 09 seconds East along said West right-of-way line 70.38 feet to a point on the North right of way line of County Road S-259, thence run South 89 degrees 44 minutes 29 seconds West along said North right-of-way line 350.02 feet, thence leaving said North right-of-way line, run North 00 degrees 00 minutes 24 seconds West 150.60 feet to the Point of Beginning.

Grantor warrants that at the time of this conveyance, the subject property is not the Grantor's homestead within the meaning set forth in the constitution of the State of Florida, nor is it contiguous to or a part of a homestead property. Grantor's residence and homestead address is: 2346 Lake Road, Monticello, FL 32344.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

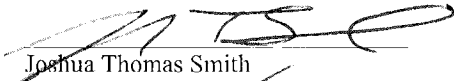
Subject to taxes for 2024 and subsequent years, not yet due and payable; covenants, restrictions, easements, reservations and limitations of record, if any.

TO HAVE AND TO HOLD the same in fee simple forever.

And Grantor hereby covenants with the Grantee that the Grantor is lawfully seized of said land in fee simple, that Grantor has good right and lawful authority to sell and convey said land and that the Grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever.

In Witness Whereof, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:



Joshua Thomas Smith

**710 N. Jefferson St.
Monticello, FL 32344**

WITNESS

PRINT NAME: 

WITNESS 1 ADDRESS

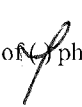
**710 N. Jefferson St.
Monticello, FL 32344**

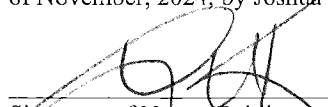
WITNESS

PRINT NAME: 

WITNESS 2 ADDRESS

STATE OF FLORIDA
COUNTY OF JEFFERSON

The foregoing instrument was acknowledged before me by means of  physical presence or () online notarization this 5th day of November, 2024, by Joshua Thomas Smith.

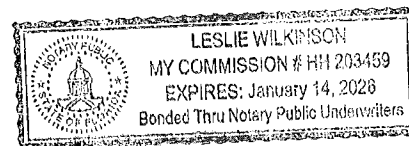


Signature of Notary Public
Print, Type/Stamp Name of Notary

Personally Known:  OR Produced Identification: _____

Type of Identification _____

Produced: _____



AGENT AUTHORIZATION

DATE: 3/13/25

TO: Florida Department of Health

SUBJECT: Agent Authorization

I, McLaughlin L & JH Trust, hereby authorize as my
agent William "Bill" Gibson. Said agent has my
permission to make any necessary decisions on my behalf concerning the onsite
sewage treatment and disposal system and any other required permits for my property
located _____ at:

36 Shiver Rd. Monticello FL 32344


Applicant's Signature

3/13/25
Date



State of Florida
Department of Environmental Protection
Onsite Sewage Treatment and Disposal System (OSTDS)

Permit No. _____

Notification Form for Selection of Private Provider Inspector

Applicant: McLaughlin LL & JH Trust Authorized Contractor: TBD
Lot: NA Block: NA Subdivision: NA
Property ID #: 19-2N-5E-0000-0160-0000 [Section/Township/Parcel No. or Tax ID Number]
Property Address: 36 Shiva Rd Manicello FL 32344

Pursuant to section 381.0065(8), Florida Statutes, as the owner of the residence or business property located above, I authorize the above-named contractor to act on my behalf in choosing a private provider inspector and acknowledge the following regarding the proposed Onsite Sewage Treatment and Disposal System serving my property:

I have elected to use one or more private providers to perform an onsite sewage treatment and disposal system inspection that is the subject of the enclosed permit application. I understand that the department of environmental protection may not perform the required onsite sewage treatment and disposal system inspection to determine compliance with the applicable codes, except to the extent authorized by law. Instead, the inspection will be performed by the licensed or certified private provider identified in the application. By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified private provider and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the department from any claims arising from my use of the licensed or certified private provider identified in the application to perform the onsite sewage treatment and disposal system inspection that is the subject of the enclosed permit application. Additionally, I understand that in the event the onsite sewage treatment and disposal system does not comply with applicable rules and law, I will be responsible for remediating the system in accordance with existing law.

Licensed or certified private inspector(s) authorized to perform construction inspection (use additional sheets if necessary).

Private Inspector Name: William Gibson Professional License/Certification #: CEHP 23-1828
Private Inspector Firm: Gibson Septic Consulting Department Issued # (if known): _____
Email: gibsonsepticconsulting@gmail.com Telephone: 850-673-9085
Mailing Address: 1265 NE Avocado St. Madison FL 32340

Qualification Statement or Resume: ☐ Check if on file with the Florida Department of Environmental Protection.
Otherwise, demonstrate qualification under 381.0065(8)(c), F.S. Use additional sheets if necessary.

Acknowledged by: _____

(Printed Property Owner Name)

Date

(Property Owner Signature)

APPROVED

By Chessher_J at 1:45 pm, May 02, 2025

Floorplan for McLaughlin

Willow Hills

CEHP 23-1828

Scale 1"=40'

