



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

PERMIT NO. 24-0666
DATE PAID: 8/27/24
FEE PAID: 52.80
RECEIPT #: 21257A

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Gary Wayne Laxton Jr EMAIL: Wayneactionsignsandgraphics.net
AGENT: N/A TELEPHONE: 386-623-4666
MAILING ADDRESS: 1973 SW Mixson Rd 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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 21-55-17-09313-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.38 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1973 SW Mixson Rd Lake City FL 32024

DIRECTIONS TO PROPERTY: 441 South to SR 240 - Left on 240 to Sw Mixson Rd, Left of Sw Mixson Rd - Drive until Address

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
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<u>1</u>	<u>Mobile Home</u>	<u>3</u>	<u>1493</u>	
<u>2</u>	<u>Storage shed</u>	<u>0</u>	<u>480</u>	<u>On site</u>
<u>3</u>				
<u>4</u>				

Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Gary Wayne Laxton Jr DATE: 8/26/2024

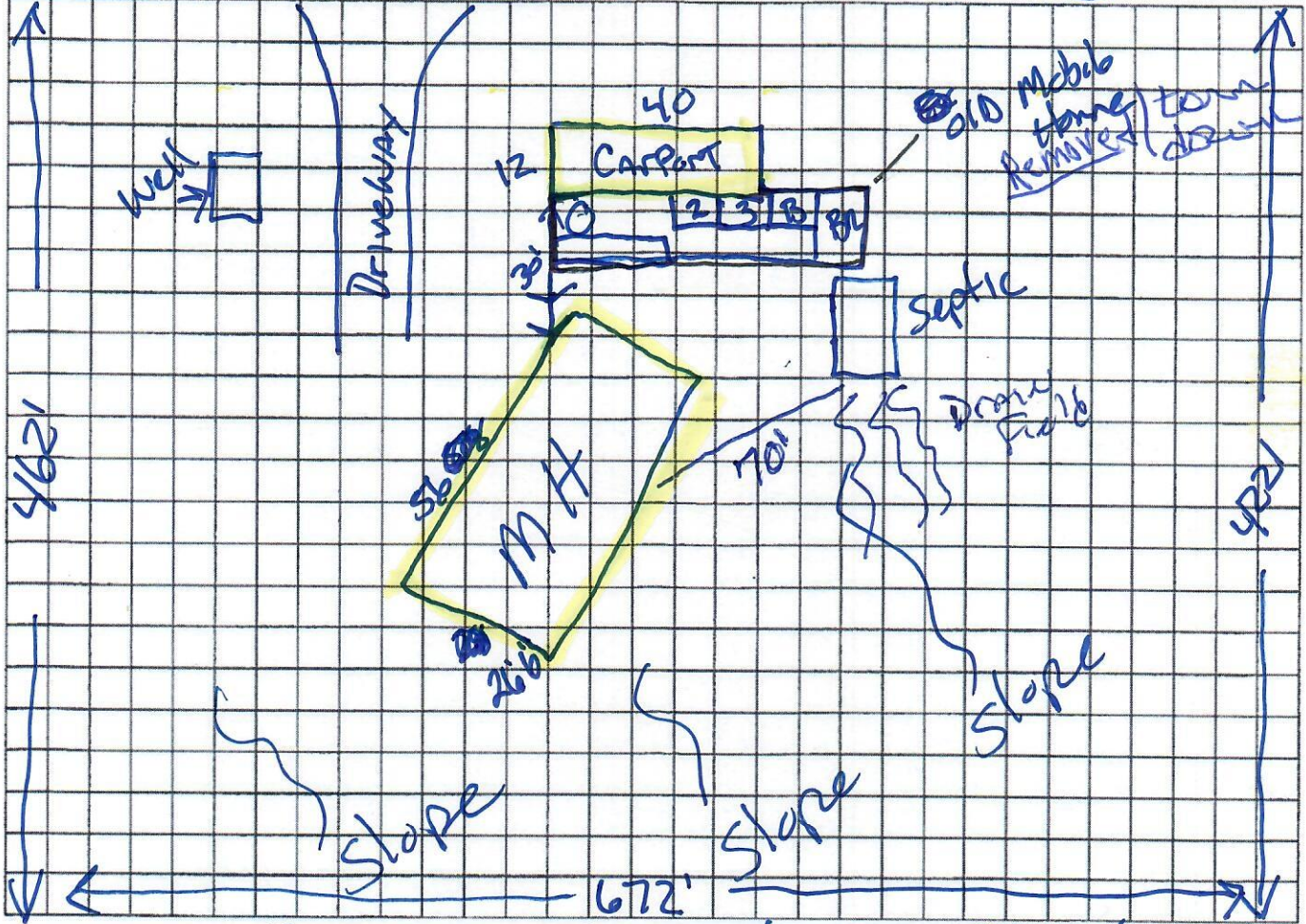
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Permit Application Number 24-02222

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

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

2.38 AC



Notes: Existing Well + Septic on Property

Site Plan submitted by: GARY WAYNE LAYTON JR

Plan Approved

Not Approved

Date 9/15/24

By [Signature] ES2 Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT