



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

PERMIT NO. 24-0103
DATE PAID: 11/22/26
FEE PAID: 20.00
RECEIPT #: 2026730

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Wilbert Tooman EMAIL: Wilttooman@gmail.com

AGENT: _____ TELEPHONE: 917 207 9317

MAILING ADDRESS: 1239 SE Press Ruth Dr., Lake City FL 32025

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? [X / N]

LOT: _____ BLOCK: _____ SUBDIVISION: DIST 3 PLATTED: _____

PROPERTY ID #: 23-45-17-08710-007 ZONING: Agriculture 3A3 I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.8 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 361.0065, FS? [Y / N] DISTANCE TO SEWER: 90 FT

PROPERTY ADDRESS: 1239 SE Press Ruth Dr., Lake City FL 32025

DIRECTIONS TO PROPERTY: EAST CR252 Left Press Ruth Dr. First House on Right Side

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
1	<u>Storage Building</u>	<u>0</u>	<u>720</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify) NO DRAINS

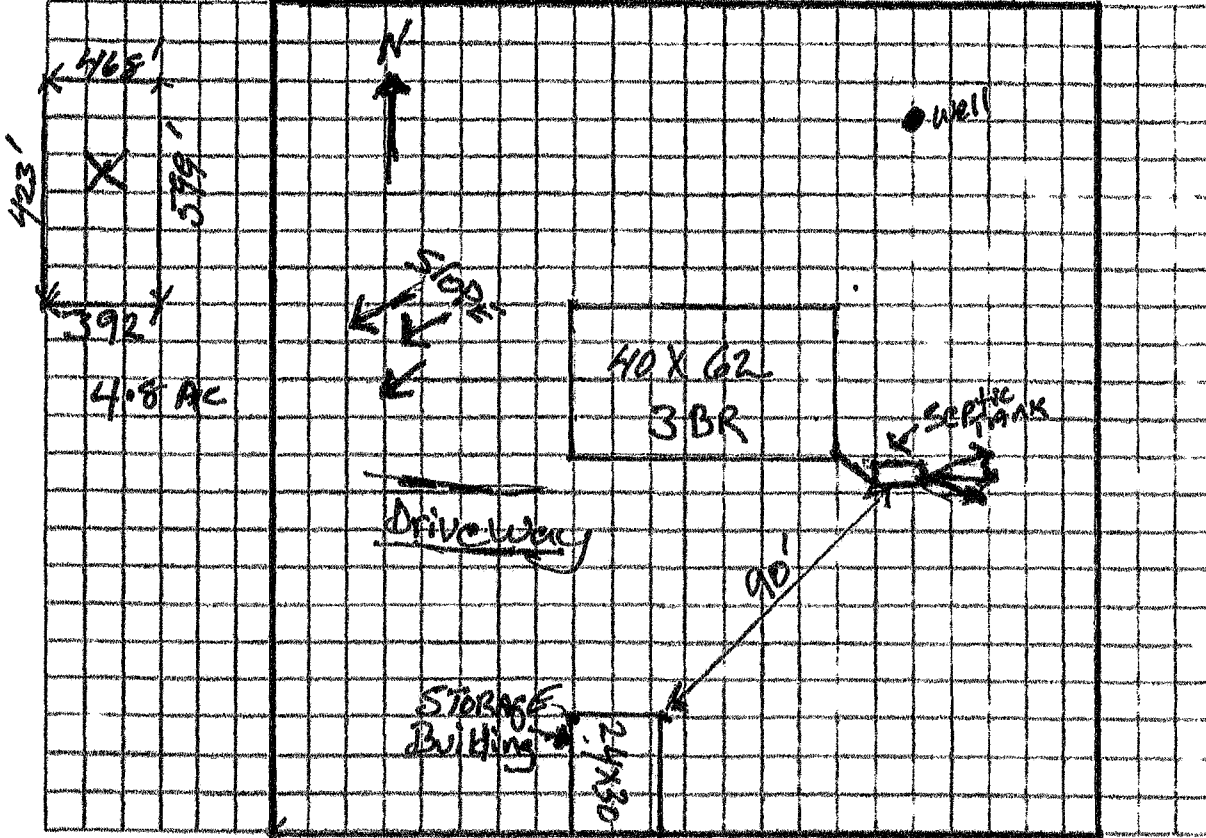
SIGNATURE: W. Tooman DATE: 01/22/26

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Permit Application Number 26-0103

..... PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: Willbert Tidman

Plan Approved _____ Not Approved _____ Date 2/5/26
 By: [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT