



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

PERMIT NO. 05-01821
DATE PAID. 8/26/25
FEE PAID 60.25
RECEIPT # 2046015

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: LISA Sweeney EMAIL: Cadd06@hotmail.com
AGENT: N/A TELEPHONE: 386 292 0838
MAILING ADDRESS: 645 SW Washington Ave. Fort White, FL 32038

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: 145 ^{Unit} BLOCK: 18 SUBDIVISION: 3 River Estates PLATTED: _____

PROPERTY ID #: 23.65.15.01125.000 ZONING: A-3 I/M OR EQUIVALENT Y / N

PROPERTY SIZE: .91 ACRES WATER SUPPLY: PRIVATE PUBLIC ≤ 2000 GPD > 2000 GPD

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

PROPERTY ADDRESS: 645 SW Washington Ave.

DIRECTIONS TO PROPERTY: 3 Rivers Estates / 47 S to US 27, TL Go to Riverside Ave, TL Go to Utah, TL Go to Washington, TR + its the 8th lot on L past Nebraska.

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	work shop	0	780	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

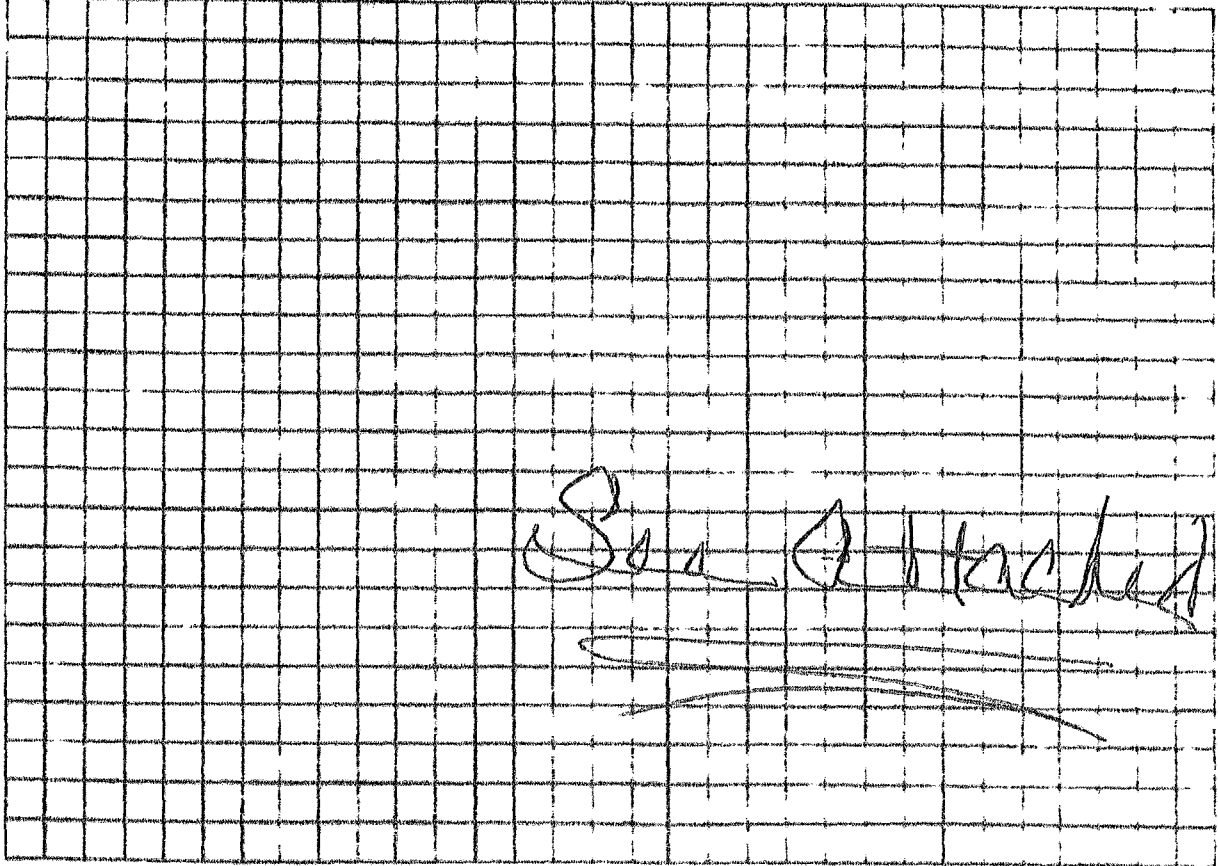
SIGNATURE: L. Sweeney DATE: 8.26.25

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Permit Application Number 25-0682

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

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



Notes: _____

Site Plan submitted by J. Sweeney
Plan Approved Not Approved _____ Date 9/10/25
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

