



**Application For Construction Permit
Onsite Sewage Treatment and Disposal System (OSTDS)**

Application for:

- ☐ New System ☒ Existing System ☐ Temporary
☐ Repair ☐ Abandonment ☐ Other

Permit No: 26-0632
Date Paid: 8/7/86
Fee Paid: 60.00
Receipt #: 2518639

Subtype:

- ☐ Aerobic Treatment Unit ☐ Holding Tank ☐ Other (describe): _____
☐ Non-Innovative Performance-based treatment system (PBTS) ☐ Innovative PBTS ☐ Innovative, Non PBTS

Does the system include nitrogen treatment?

- ☐ Enhanced Nutrient-Reducing OSTDS ☐ In-ground Nitrogen Reducing Biofilter

Applicant: Sylvia Kerekes Email: SylviaKerekes77@gmail.com
Agent: _____ Telephone: 561-601-1889

Mailing Address: 630 SW Marigold Place Ft 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's the applicant's responsibility to provide documentation of the date the lot was first recorded in its present form or platting (MM/DD/YY) if requesting consideration of statutory grandfather provisions.

Property Information

Lot: 116 Block: N/A Subdivision: Tustenussee Plantation Date Lot Recorded: _____

Property Id #: 18-65-17-09606 Zoning: Ag 1 M Or Equivalent: ☐ Yes ☐ No Property Size: 10 Acres

Water Supply: Private ☐ Public Not Limited Use ☐ <2000gpd ☐ >2000gpd Limited Use Public ☐ <2000gpd ☐ >2000gpd

Is Sewer Available As Per 381.0065, F.S.? ☐ Yes ☐ No

Property Address: 630 SW Marigold Place Ft White FL 32038

Directions To Property: _____

Building Information

☒ Residential

☐ Commercial

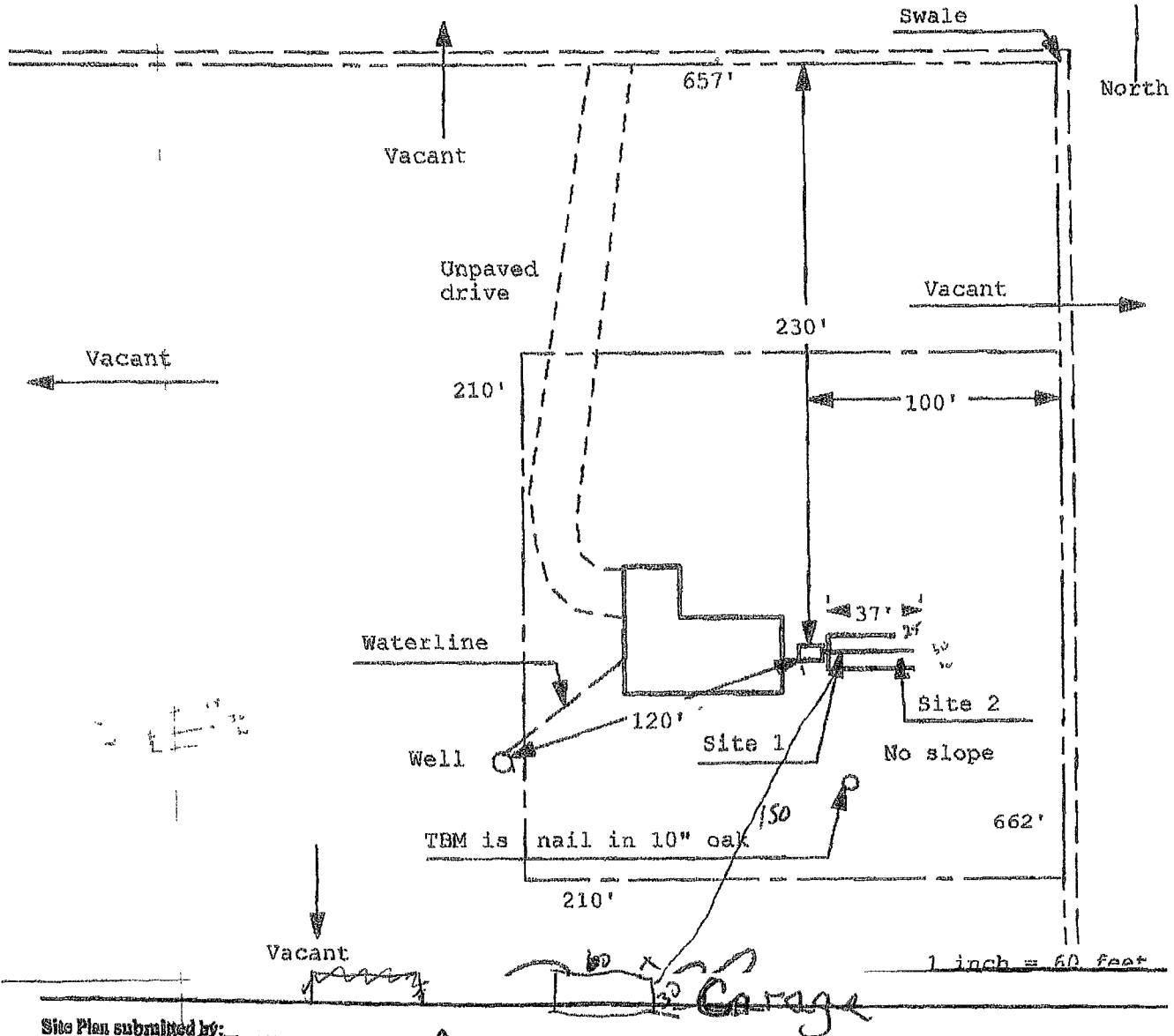
Unit No.	Type of Establishment	No. of Occupants	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	<u>Cottage</u>		<u>0</u>	<u>1800</u>	
2					
3					
4					

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Kerekes Sylvia DATE: Aug 7-20

**Application For Construction Permit
Onsite Sewage Treatment and Disposal System (OSTDS)**

Permit Application Number: 26-0632



Site Plan submitted by: _____

Plan Approved: Kent Sykes

Not Approved: _____

Date: Dec 7-26

By: [Signature]

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

8/10/26