

SSO 082606771



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

PERMIT NO. 26-0272  
DATE PAID: 3.17.26  
FEE PAID: \$225.00  
RECEIPT #: 2295502

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System
- Existing System
- Holding Tank
- Innovative
- Repair
- Abandonment
- Temporary

APPLICANT: James Mitchell EMAIL: \_\_\_\_\_

AGENT: \_\_\_\_\_ TELEPHONE: 352-212-8171

MAILING ADDRESS: 558 SW Barney St. HS FL 32643

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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: N/A PLATTED: \_\_\_\_\_

PROPERTY ID #: 09-7509961-003 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [ X ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: SAME AS ABOVE

DIRECTIONS TO PROPERTY: \_\_\_\_\_

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	Mobile Home	3BR	1300 Sq Ft	
2	Had a RV. Hook up			ORIGINAL IS FOUND & ATTACHED
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: James Mitchell DATE: 3-17-26



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

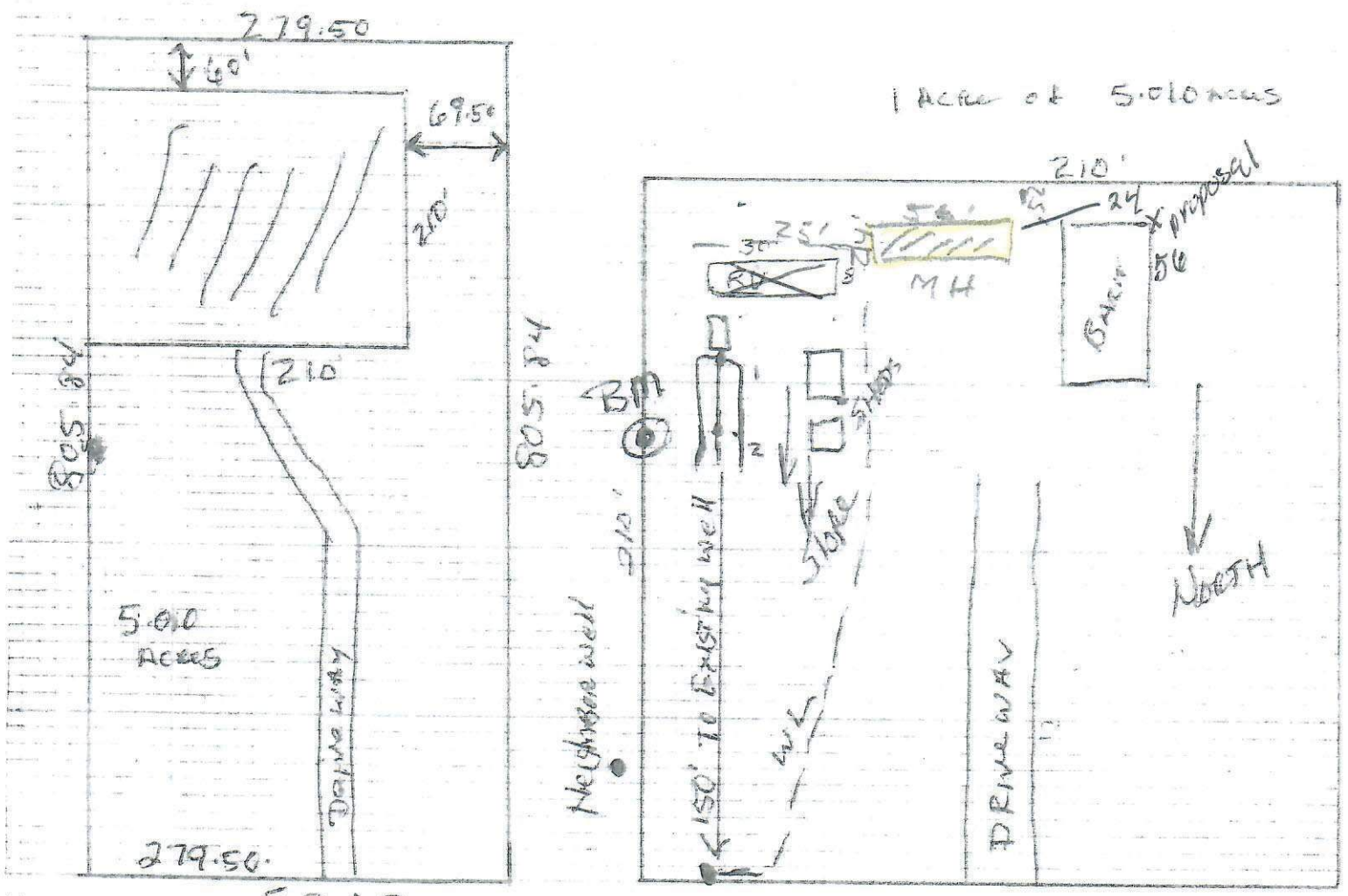
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 19-07406

PART II - SITE PLAN

*26-0272 26-0276*

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: 594 BARNEY ST.  
JAMES MITCHELL  
5.01 ACRES  
09-75-17-09961-003  
 Site Plan submitted by James Mitchell 3-17-26  
 Plan Approved  [Signature] Not Approved \_\_\_\_\_ Date 3/23/20  
 By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT