



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

Application for:

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

Permit No. 26-1587
Date Paid: 7/23/26
Fee Paid: 60.00
Receipt #: 226288

Subtype:

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

Does the system include nitrogen treatment?

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

Applicant: JOSE SOSA

Agent: Jeff Hardee

Email: jeffhardeehep@aol.com

Telephone: _____

Mailing Address: 6450 NW 72 Lane Chiefland FL 326726

To be completed by applicant or applicant's authorized agent. Systems must be constructed by a person licensed pursuant 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 platted (MM/DD/YY) if requesting consideration of statutory grandfather provisions.

Property Information

Lot: 15 Block: _____ Subdivision: SUZANNE S/D UNIT 2 Date Lot Recorded: _____
Property Id #: 03-4S-17-07570-049 Zoning: _____ I/M Or Equivalent: ☐ Yes ☒ No Property Size: .46 Acres

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

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

Property Address: 194 SE OPAL Way Lake City

Directions To Property: HWY 90 East from Lake City to TR HWY 100 East To TR SE CR 245 TR SE Plant St TL onto SE Opal Way to lot on Left

Building Information

☒ Residential ☐ Commercial

Unit No.	Type of Establishment	No. of Occupants	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	Mobile Home	2	3	1140	
2	Replacing MH		3	1184	
3					
4					

☐ Floor/Equipment Drains _____ ☐ Other (Specify) _____

SIGNATURE: _____

Jeff Hardee

DATE: 7-16-26

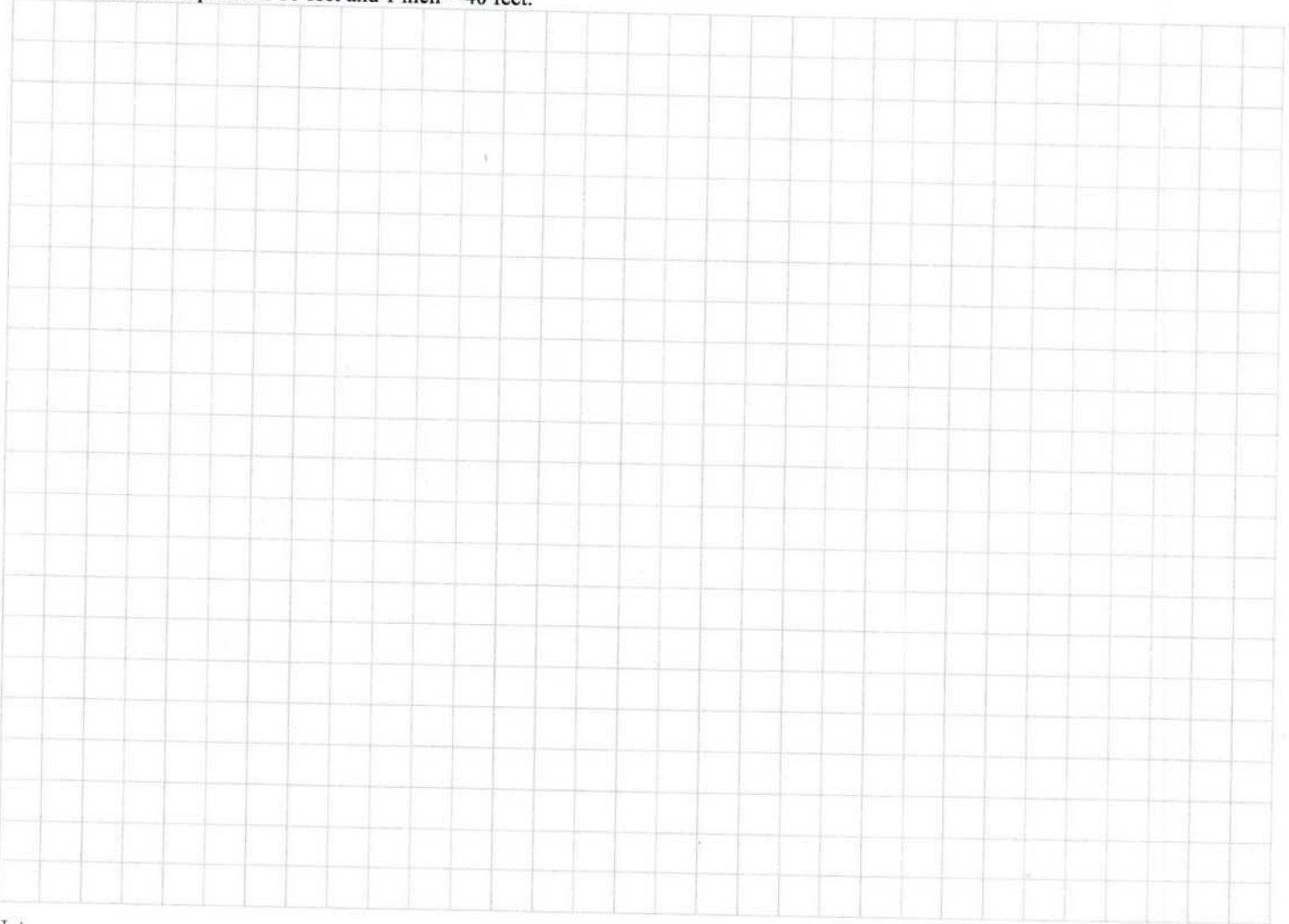
**Application For Construction Permit
Onsite Sewage Treatment and Disposal System (OSTDS)**

Permit Application Number:

26-0587

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

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



Notes: _____

Site Plan submitted by: Jeffrey Hardee

Plan Approved: ☒ Not Approved: _____ Date: 7/28/26

By: [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



PROPOSED SITE PLAN

26-0587

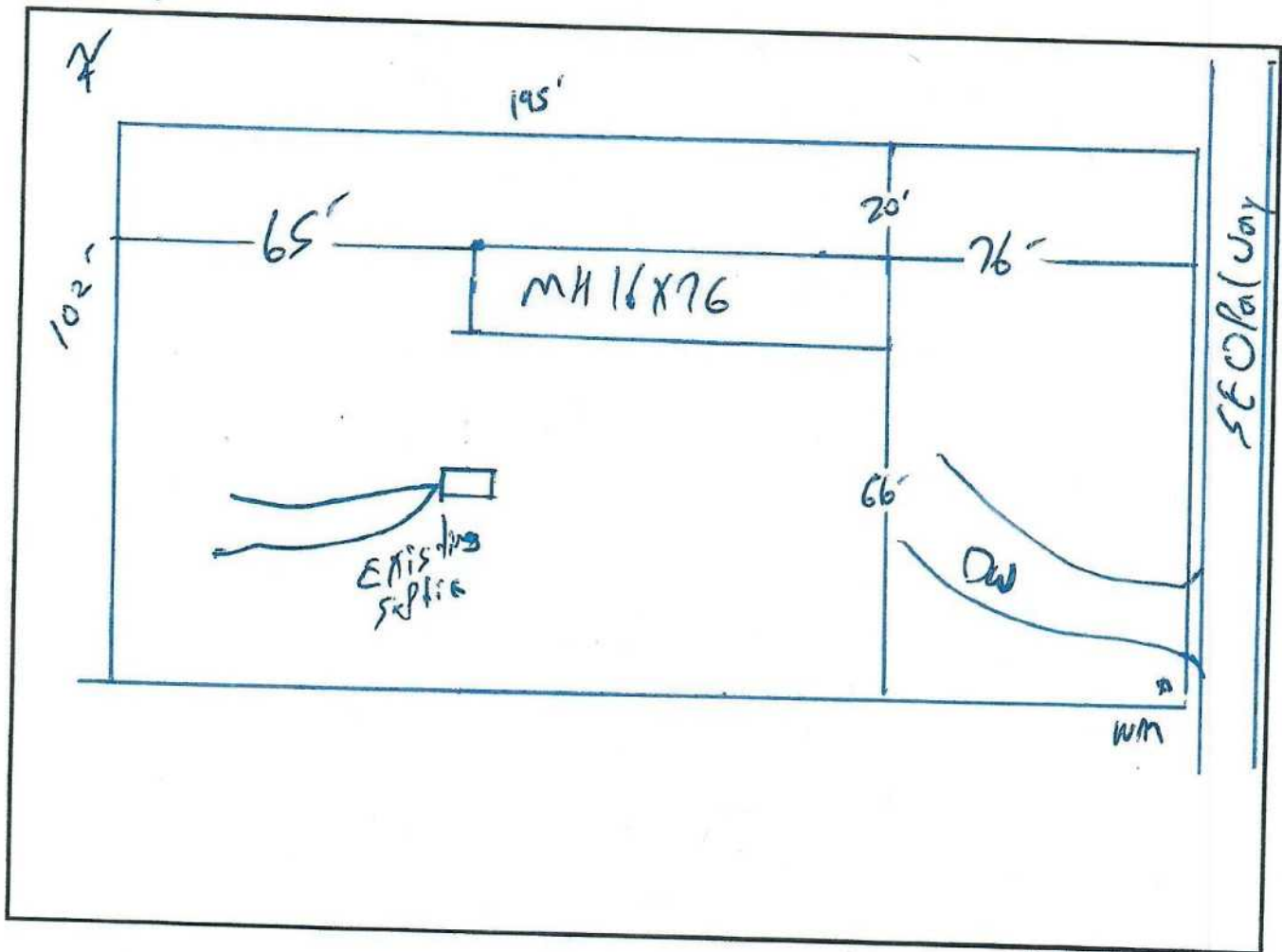
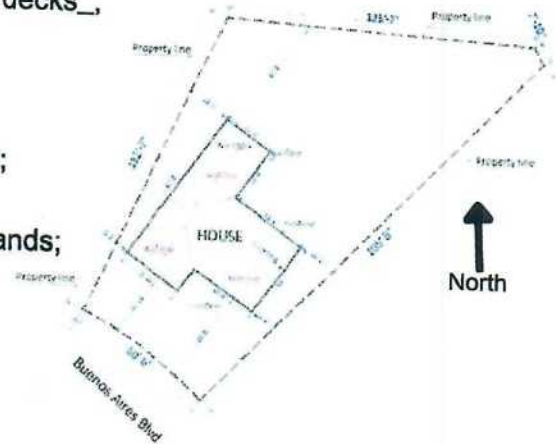


SITE PLAN CHECKLIST:

- ✓ 1) Property Dimensions
- ✓ 2) Footprint of proposed and existing structures (including decks, label these with existing addresses
- ✓ 3) Distance from structures to all property lines
- ✗ 4) Location and size of easements
- ✓ 5) Driveway path and distance from any waters; sink holes; wetlands; and etc.
- ✓ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ✓ 7) Show slopes and/or drainage paths
- ✓ 8) Arrow showing North direction

1" = 30'
John Borden

SITE PLAN EXAMPLE



Published 10/2025