



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

PERMIT NO. 26-0336
DATE PAID: 4/10/10
FEE PAID: 600.00
RECEIPT #: 2299846

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary Like4Like

APPLICANT: George Stewart EMAIL: NFLSEPTICTANK@COMCAST.NET
AGENT: ROBERT FORD III-NORTH FLORIDA SEPTIC TANK INC

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025 TELEPHONE: 386-755-6372

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

LOT: BLOCK: SUBDIVISION: OSTDS REMEDIATION PLAN? Y / N]
PROPERTY ID #: 17-55-16-031037-01A ZONING: I/M OR EQUIVALENT: Y / N]
PROPERTY SIZE: 5.00 ACRES WATER SUPPLY: PRIVATE PUBLIC] <=2000GPD] >2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? Y X] DISTANCE TO SEWER: FT
PROPERTY ADDRESS: 215 SW Carpenter Rd Lake City
DIRECTIONS TO PROPERTY: 2 on left

BUILDING INFORMATION

Unit No.	Type of Establishment	<input checked="" type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> COMMERCIAL	
		No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC	
1	<u>Old m/H</u>	<u>3</u>	<u>1493</u>	<u>org attached</u>	
2	<u>New Home</u>	<u>3</u>	<u>1670</u>	<u> </u>	
3	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
4	<u> </u>	<u> </u>	<u> </u>	<u> </u>	

FLOOR/EQUIPMENT DRAINS OTHER (specify)

SIGNATURE: Robert Ford 9/99 DATE: 4/10/10

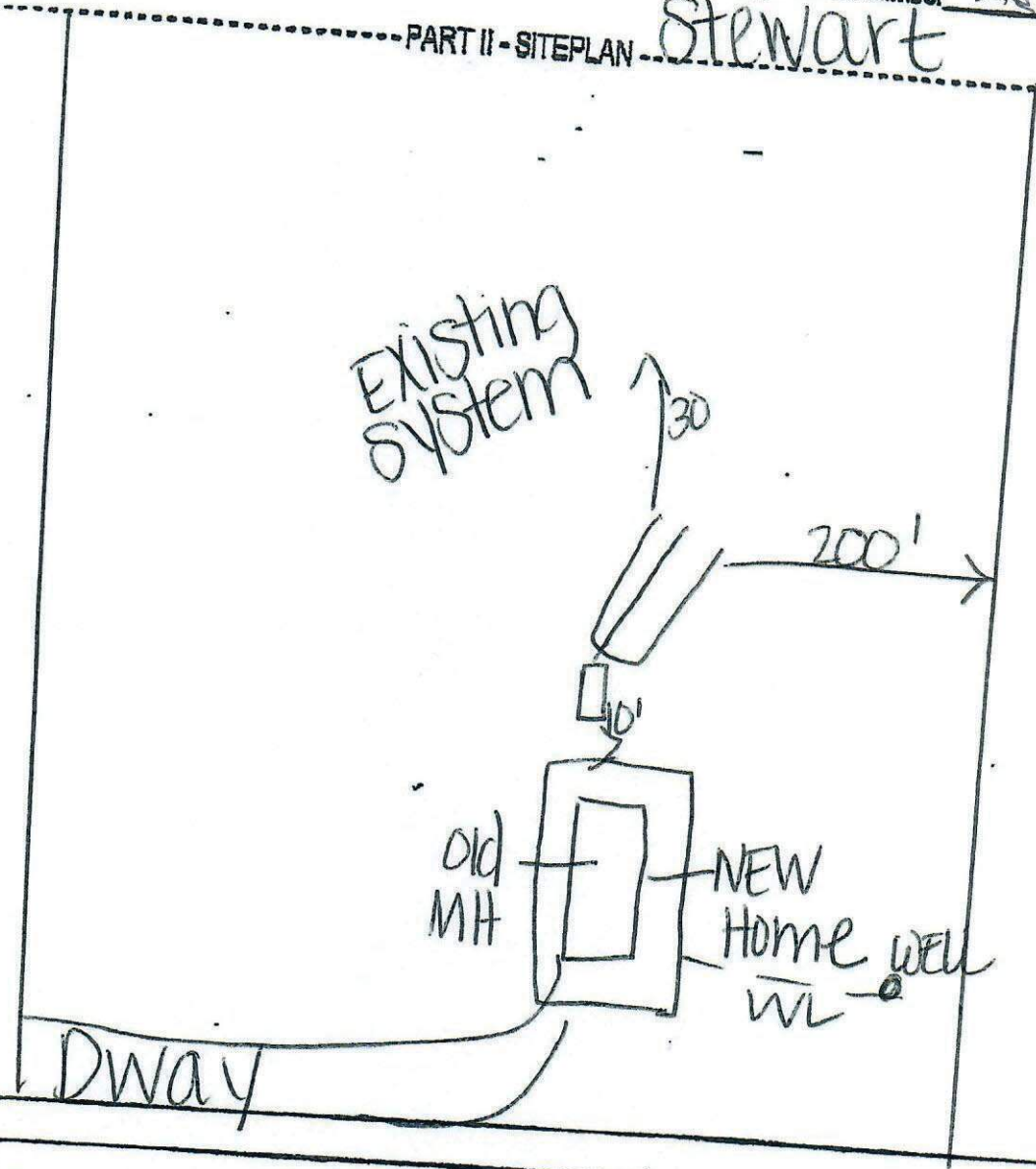
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

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Permit Application Number 26-0336

Stewart

PART II - SITEPLAN



Notes:

Dway

Site Plan submitted by: Robert Ford 909 Alc/16

Plan Approved _____ Not Approved _____

By: [Signature] Coleman Date 4/14/26

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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