

SSO 316504878

mathis asphalt@gmail.com



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

PERMIT NO. 25-0886-
DATE PAID: 11-10-25
FEE PAID: 6425.00
RECEIPT #: 2276614

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: MICHAEL A. MATHIS EMAIL: mathis.asphalt@gmail.com
 AGENT: N/A TELEPHONE: (380) 365 8264 x
 MAILING ADDRESS: 209 N.W. MARCEL PL. LAKE CITY, FL 32055

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: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 22.73 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 1146 S.E. ALFRED MARKHAM ST. LAKE CITY, FL 32025

DIRECTIONS TO PROPERTY: 41 SOUTH TO ALFRED MARKHAM ST. (C-133) GO LEFT THRU STOP SIGN - (OLD COUNTRY CLUB RD) TO 1ST DRIVEWAY ON (R) PAST ROSE CREEK

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	Single Family Home	2	1344	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

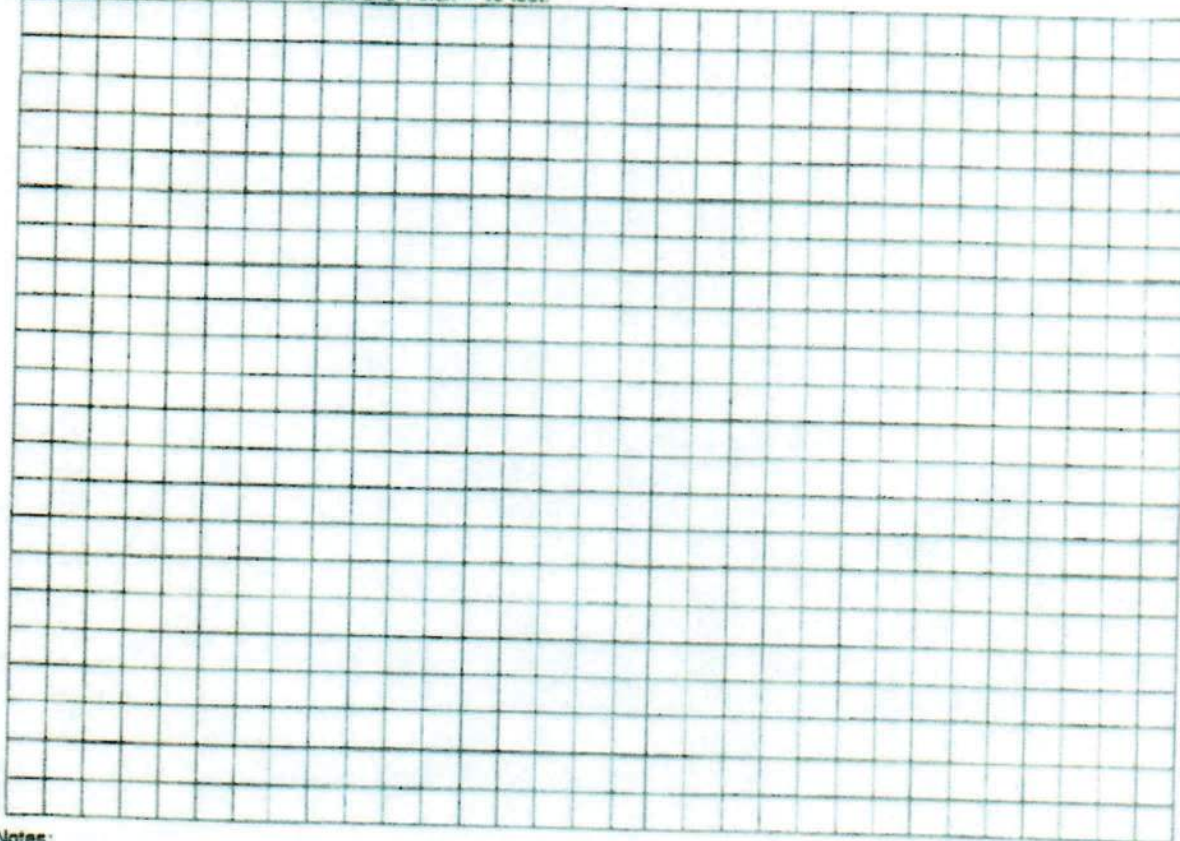
SIGNATURE: [Signature] DATE: 11/10/25

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-08860

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

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



Notes: SEE ATTACHED SHEET

Site Plan submitted by: MICHAEL MATHIS / BUREN & CO. SURVEYOR

Plan Approved [Signature] Not Approved _____ Date 3/10/26

By [Signature] C. Denton County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

