



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

PERMIT NO. 23-0677
DATE PAID: 9/25/23
FEE PAID: 100.00
RECEIPT #: 2001743

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Joe Garbellini EMAIL: Garbellini007@aol.com

AGENT: _____ TELEPHONE: 386-316-1821

MAILING ADDRESS: 2330 N.W. Lower Springs Rd. Lake City, 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: 35-25-15 SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 00113-002 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.5 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [] N [] DISTANCE TO SEWER: 50 FT

PROPERTY ADDRESS: 2330 N.W. Lower Springs Rd. Lake City 32055

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	<u>Shed/Barn</u>	<u>0</u>	<u>1050'</u>	<u>Built 1976</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

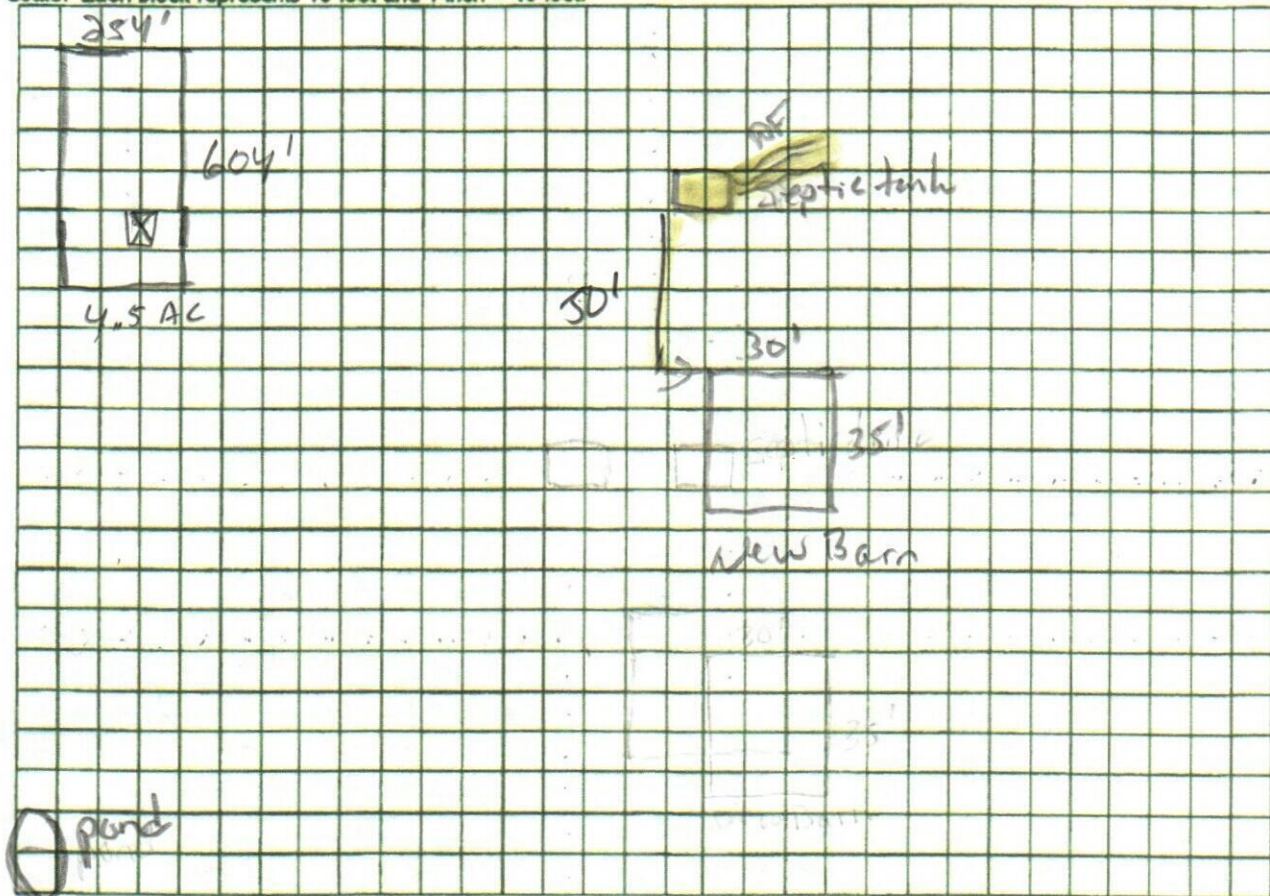
SIGNATURE: [Signature] DATE: 9/25/23

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Permit Application Number 23-0477

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

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



Notes: _____

Site Plan submitted by: Joe Garbellini

Plan Approved Not Approved Date 9/28/23

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT