



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

PERMIT NO: 25-0615
DATE PAID: 8/14/25
FEE PAID: 60.00
RECEIPT #: 2245680

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
 New System
 Repair
 Existing System
 Abandonment
 Holding Tank
 Temporary
 Innovative

APPLICANT: Jack Craig EMAIL: Permittigo@Paragon-Pods.net
 AGENT: Dylan Lane TELEPHONE: 904-368-9117
 MAILING ADDRESS: 800 N Thompson St. Statke, FL 32091

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3) (a) 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: Sec 30 31 BLOCK: 294 SUBDIVISION: N/A OSTDS REMEDIATION PLAN? [Y / N]
 PROPERTY ID #: R13331-001 ZONING: _____ PLATTED: _____
 PROPERTY SIZE: 10 ACRES WATER SUPPLY: [] PRIVATE ...LIC [] <2000GPD [] >2000GPD I/M OR EQUIVALENT: [Y / N]
 IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT
 PROPERTY ADDRESS: 473 NE Billy Craig CT Lake City, FL 32055
 DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	Pool	N/A	395	
2				
3				
4				

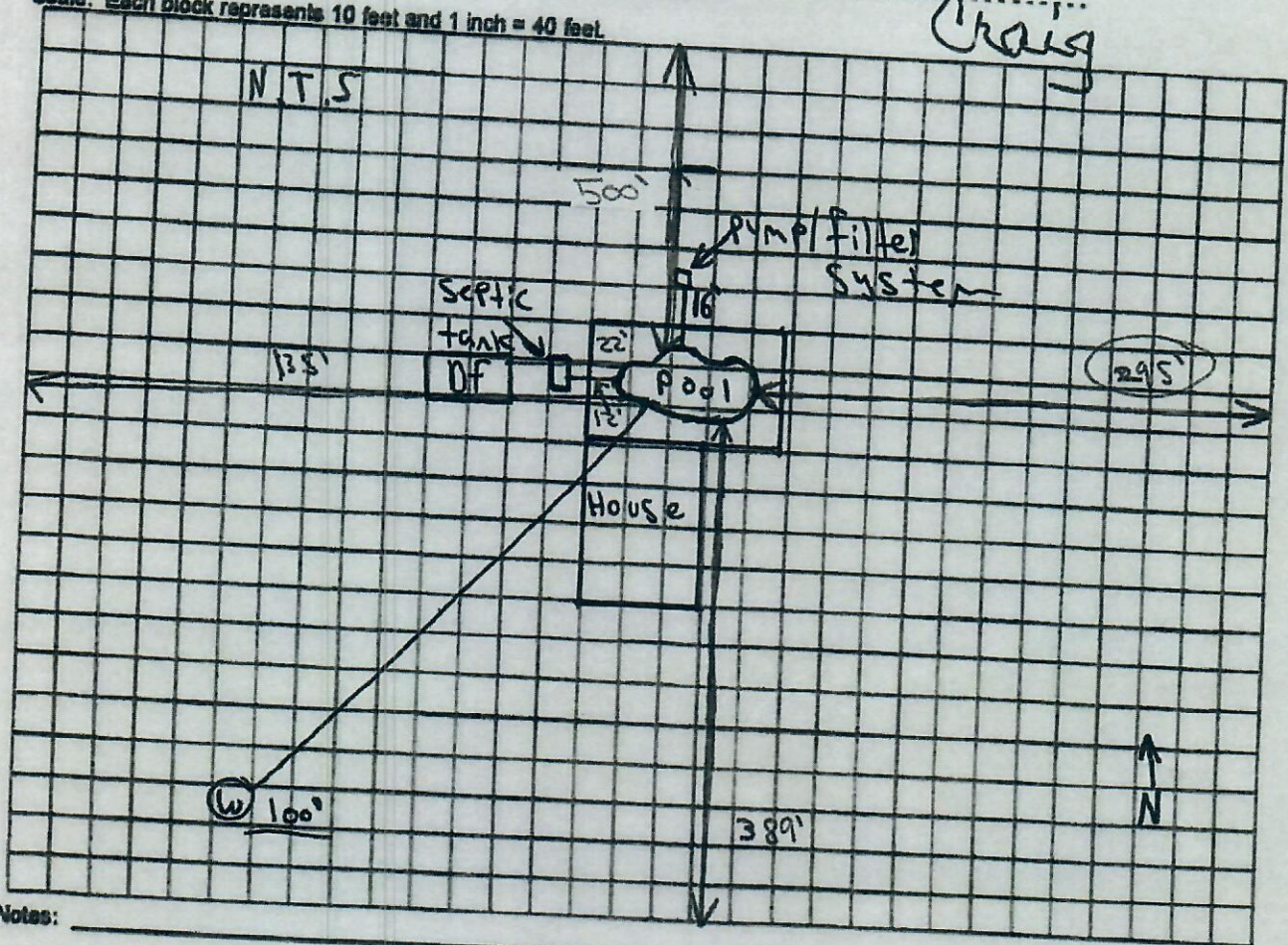
[] Floor/Equipment Drains [] Other (Specify) _____
 SIGNATURE: [Signature] DATE: 8-15-25

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Permit Application Number 25-0665

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

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



Notes:

* Site Plan submitted by: [Signature] Agent 8-22-25
 Plan Approved [Signature] Not Approved [Signature] Date 8/24/25
 By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
 Incorporated: 62-8.004, F.A.C.