



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

PERMIT NO. 26-0200  
DATE PAID: 2/27/26  
FEE PAID: 68.50  
RECEIPT #: 2290187

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary     \_\_\_\_\_

APPLICANT: William Hammerle    EMAIL: WJhammer42@gmail.com

AGENT: \_\_\_\_\_    TELEPHONE: 518-860-7492

MAILING ADDRESS: 275 NW Ivy Glen 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: 8    BLOCK: \_\_\_\_\_    SUBDIVISION: Carter Pl    PLATTED: \_\_\_\_\_

PROPERTY ID #: 05-35-17-048430    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.5 ACRES    WATER SUPPLY: [ ] PRIVATE PUBLIC [X] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 275 NW Ivy Glen Lake City, FL 32055

DIRECTIONS TO PROPERTY: N. on 441, left on Ivy Glen, house on right

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	STORAGE BLDG	0	550	
2				
3				
4				

[ ] Floor/Equipment Drains    [ ] Other (Specify) \_\_\_\_\_

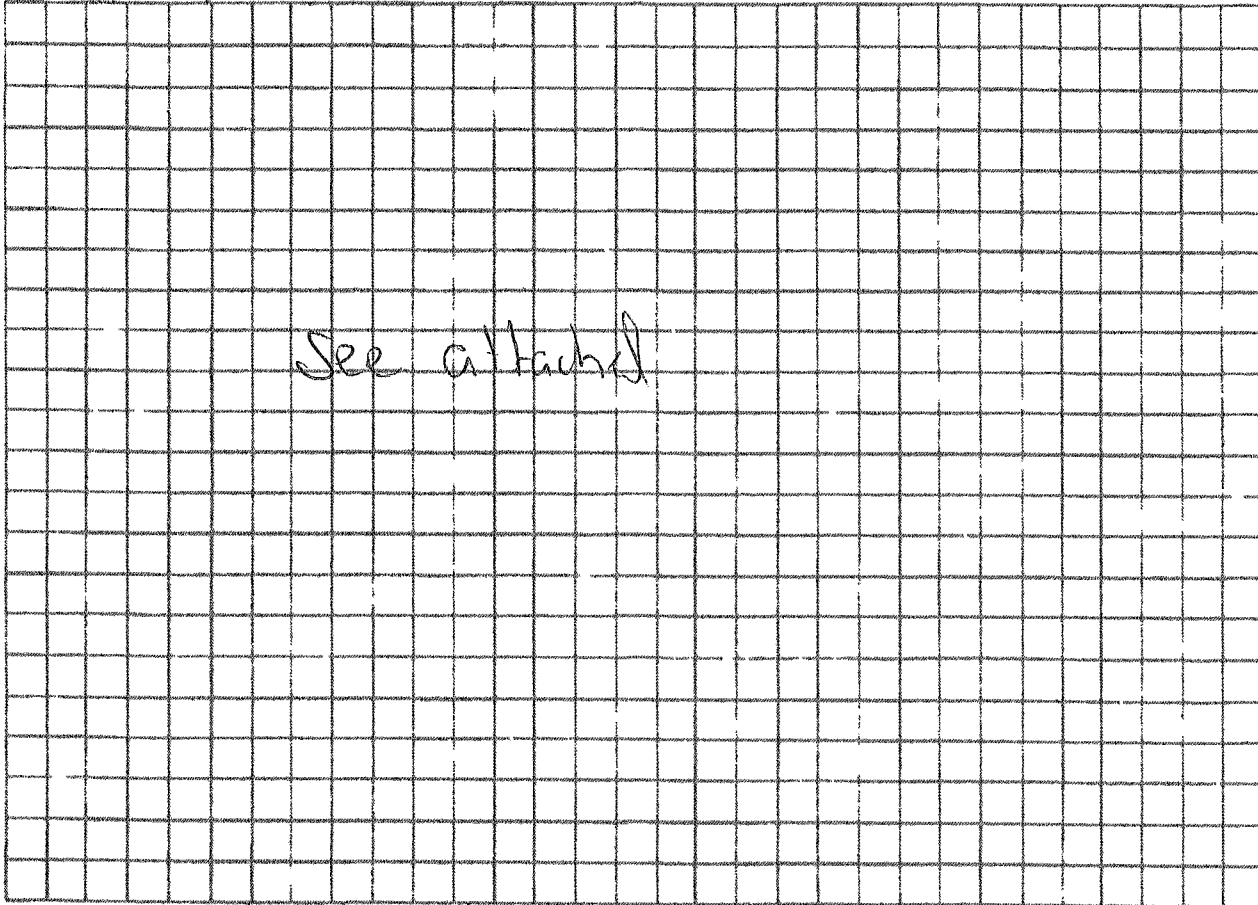
SIGNATURE: William J Hammerle    DATE: 2/25/26

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0200

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

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



Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: William Hammerle

Plan Approved  Not Approved  Date 3/4/26

By [Signature] Columbia County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

