



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 24-0475
DATE PAID: 6/8/26
FEE PAID: 600.00
RECEIPT #: 2304178

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Harriet Lovely EMAIL: harriet.lovely15@gmail.com

AGENT: _____ TELEPHONE: 828-301-2537

MAILING ADDRESS: 14519 SW TUSTENUGGEE AVE FORT WHITE, FL 32038

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: 4 BLOCK: _____ SUBDIVISION: The Meadows of Tustenuggee PLATTED: _____

PROPERTY ID #: 30-68-17-09807-104 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5.25 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 14519 SW TUSTENUGGEE AVE FORT WHITE, FL 32038

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[x] RESIDENTIAL

[] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1				
2	42x50 detached metal accessory	0	2100	
3				
4				

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

SIGNATURE: Harriet Lovely DATE: 6-4-2026

DEF 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

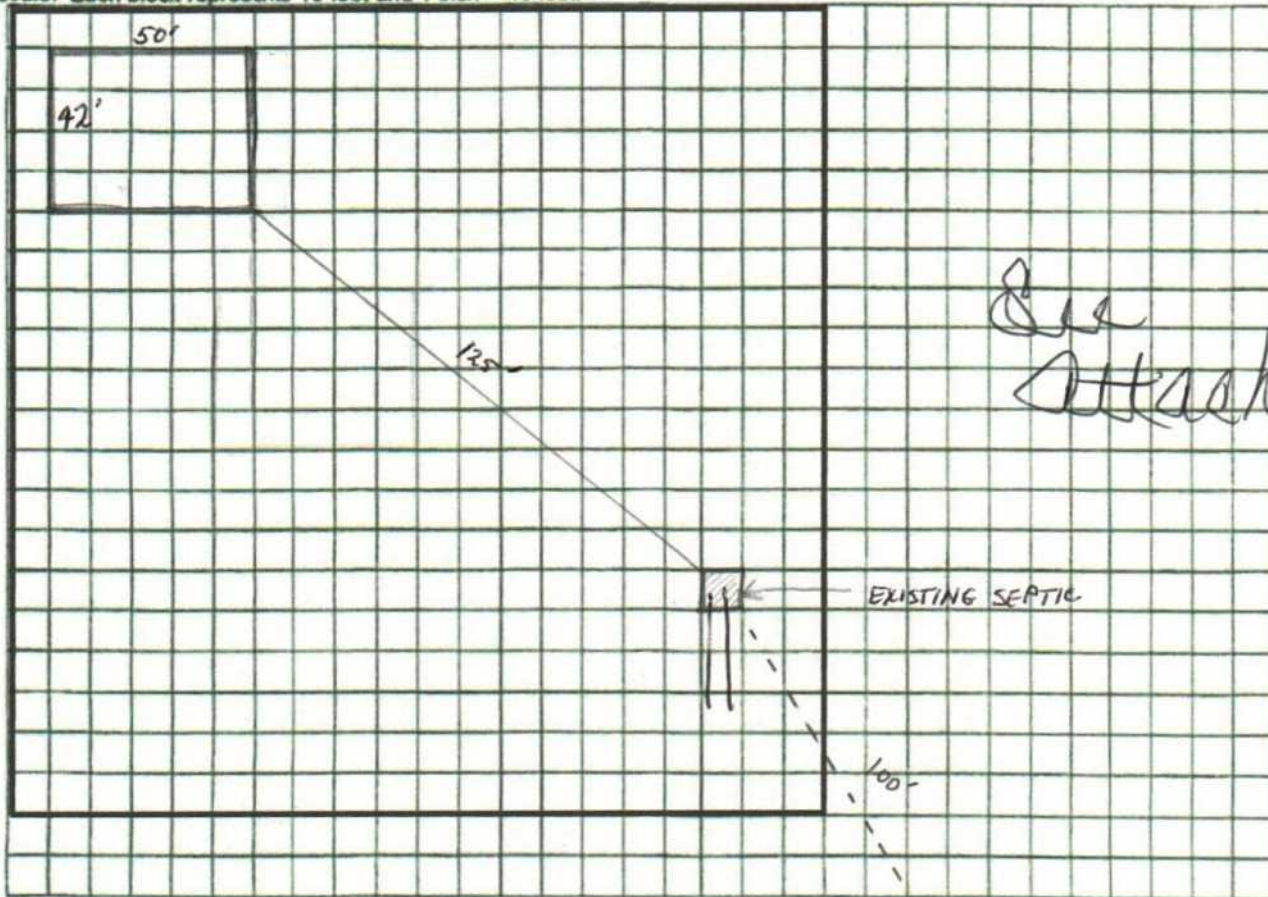
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0475

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

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



See
Attached

Notes: _____

Site Plan submitted by: Harriet Lovely

Plan Approved ☒

Not Approved ☐

Date 6/15/26

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: 62-6.004, F.A.C.

26-0475

