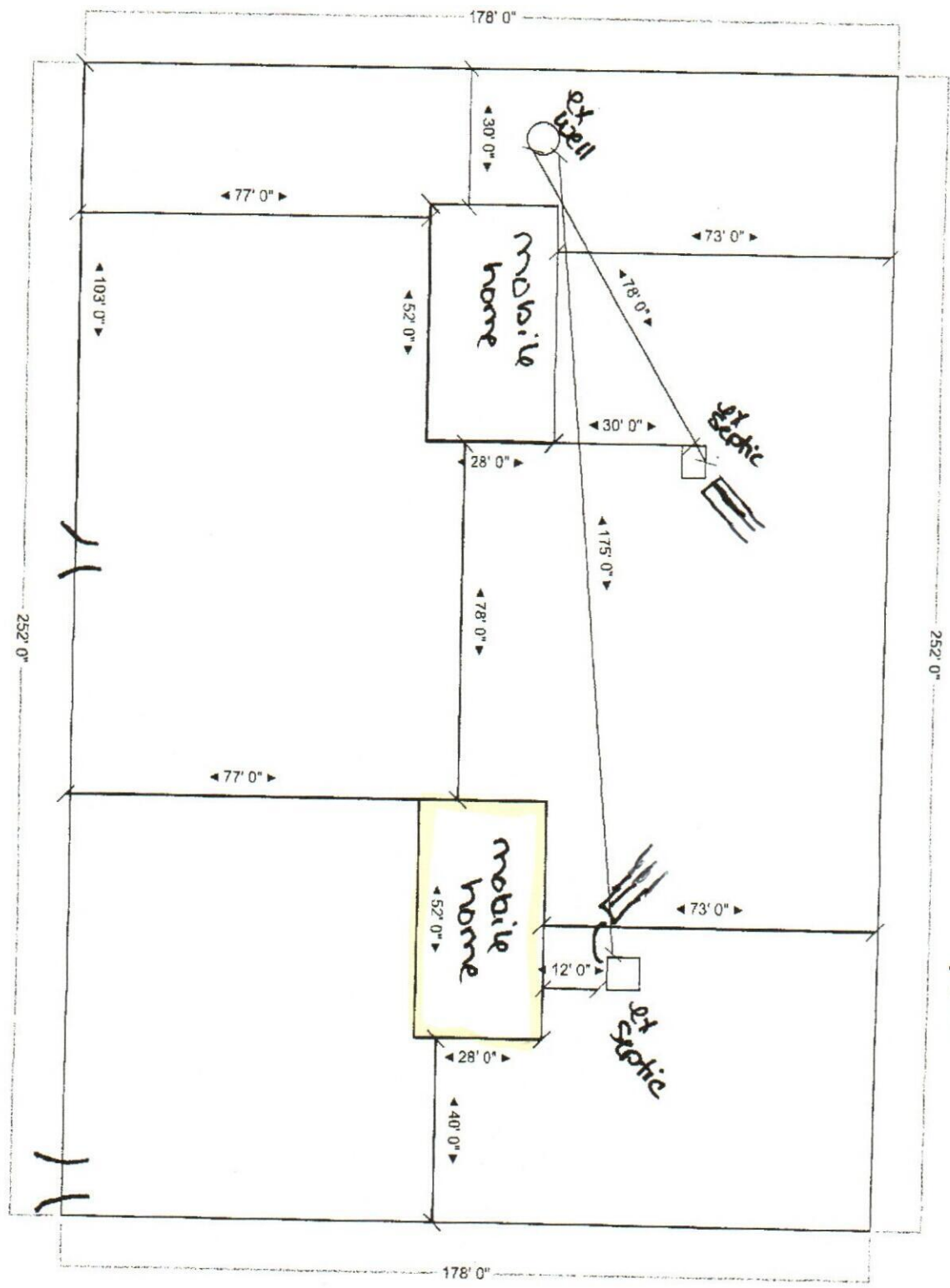


24-0239

"423"

"405"



SW Precision Loop

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0239

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

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

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: Sonja North 3/6/26  
Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 3/23/26  
By [Signature] \_\_\_\_\_ County Health Department

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

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision :** To be the **Healthiest State** in the Nation

March 23, 2026

SONYA NORTH (PROVISION PERMITTING)  
3311 RIDGE  
Lake City, FL 32024

RE: Contingency Letter  
Application Document No: AP2295808  
Centrax Permit Number: 12-SC-4088038  
OSTDS Number:  
ALISSA LOVE 26-0239  
405 SW PRECISION  
Lake City, FL 32024

Lot:17 Block: Subdivision: Shady Acres

Dear Applicant:

This will acknowledge receipt of an application dated 03/18/2026 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 62-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely,

Sean Havens, Environmental Specialist II

Enclosures  
cc:





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

PERMIT NO. 26-0219  
DATE PAID: 5/18/26  
FEE PAID: 600.00  
RECEIPT #: 2295808

APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: Aussa Love    EMAIL: provisionpermitting@gmail.com  
AGENT: Sonya North 803-517-5101    TELEPHONE: 386-628-2535  
MAILING ADDRESS: 116 SW Lucile Ct Lake City Fl 32024

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: 17 BLOCK: N/A SUBDIVISION: Shady Acres PLATTED: \_\_\_\_\_

PROPERTY ID #: 27-45-16-03216-017 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.03 ACRES WATER SUPPLY:  PRIVATE  PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 405 SW Precision Loop Lake City Fl 32024

DIRECTIONS TO PROPERTY: 47 S, R on King Rd, R on Precision Loop, property on curve on L

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>new mobile home</u>	<u>3</u>	<u>1352</u>	_____
2	<u>previous old mobile home</u>	<u>3</u>	<u>576</u>	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

Floor/Equipment Drains     Other (Specify) \_\_\_\_\_  
SIGNATURE: Sonya North    DATE: 3/6/26