



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

PERMIT NO. 24-0475
DATE PAID: 5/8/26
FEE PAID: 500.00
RECEIPT #: 2384178

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System ☒ 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 #: 30-6S-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

☒ 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

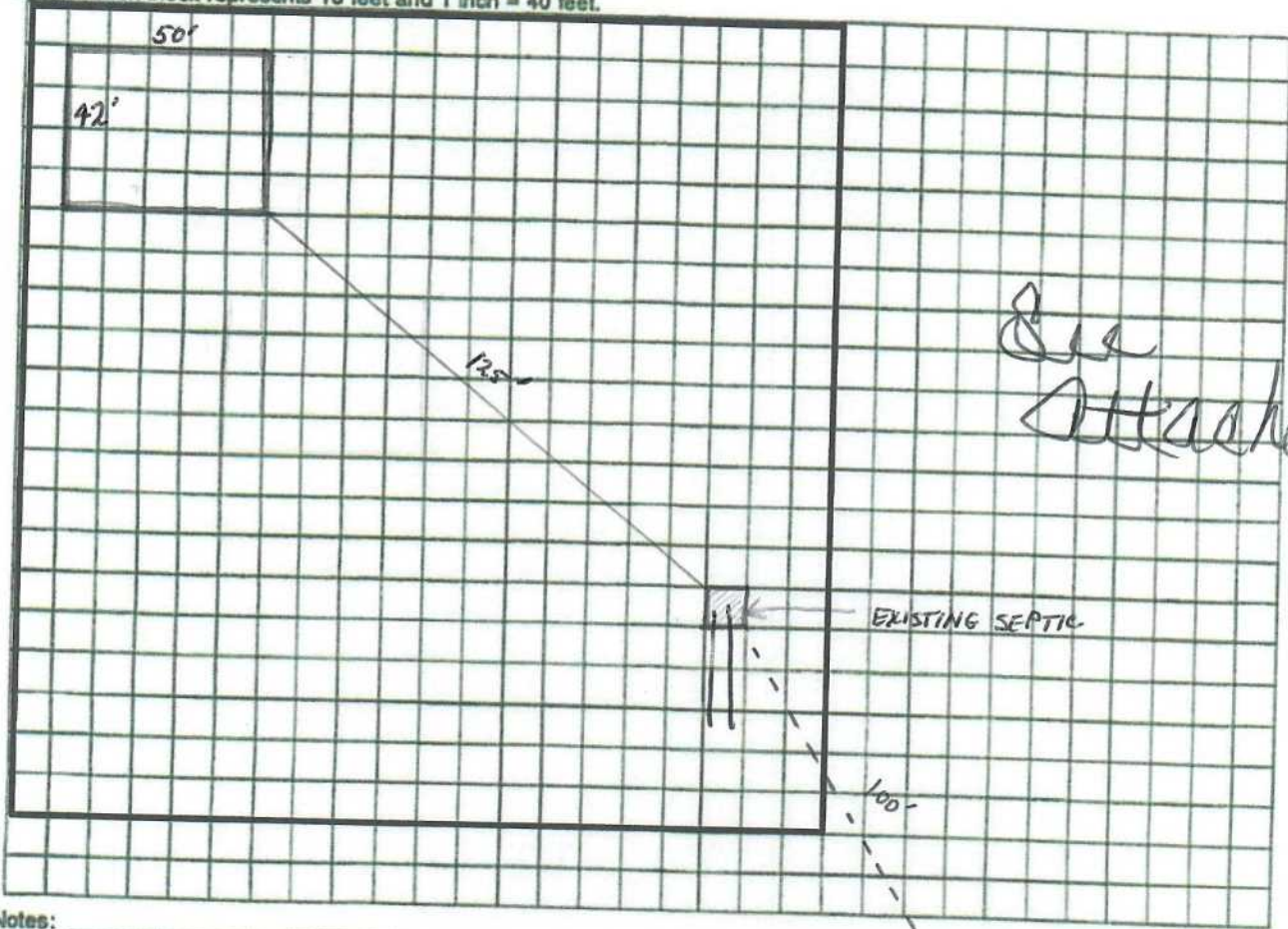
E-MAILED
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

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

26-0475

