



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

PERMIT NO. 26-0482
DATE PAID: 6/1/26
FEE PAID: 48.00
RECEIPT #: 2309622

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: FIVE ASH FOREST LLC EMAIL: FIVEASHFOREST@COMCAST.NET

AGENT: OWNER TELEPHONE: 386-303-2491

MAILING ADDRESS: 337 SW TOMPKINS ST. 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: 33 BLOCK: _____ SUBDIVISION: FIVE ASH FOREST PLATTED: ☒

PROPERTY ID #: 28-35-16-02376-000 ZONING: MHP I/M OR EQUIVALENT: [☒ / N]

PROPERTY SIZE: 36 ACRES WATER SUPPLY: [] PRIVATE [☒] PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 370 NW TURNBERRY DRIVE, LAKE CITY FL 32055

DIRECTIONS TO PROPERTY: HWY 90 WEST TURN RIGHT ON BROWN ROAD, GO TO TURNBERRY DRIVE TURN RIGHT, FOLLOW TURNBERRY DRIVE TO 7TH LOT 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	<u>SINGLE/MULTI FAM</u>	<u>3</u>	<u>1820</u>	
2				
3				
4				

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

SIGNATURE: Mark S. Goshorn DATE: 6-8-26

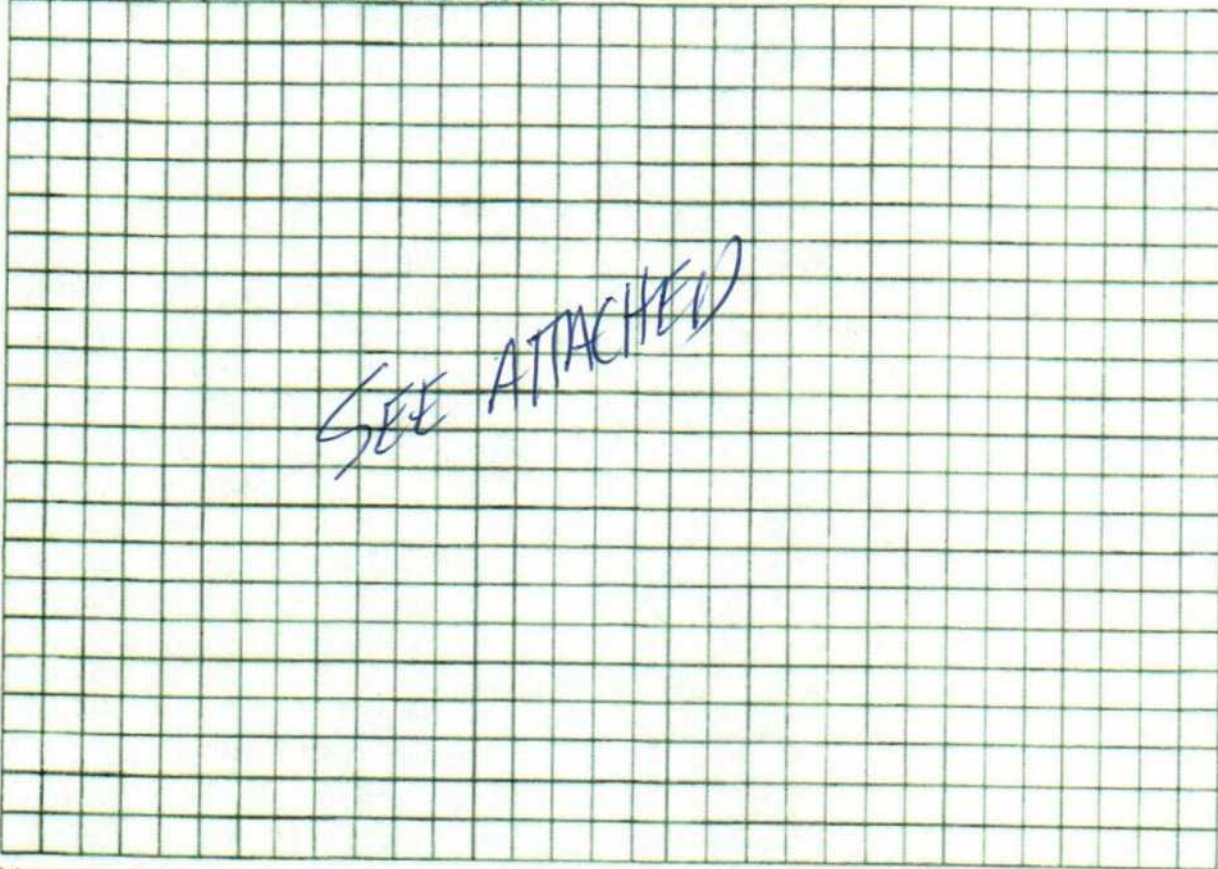
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

26-0482

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

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



Notes: _____

Site Plan submitted by: _____

Mark A. Gookin

Plan Approved _____

Not Approved _____

Date 6/10/26

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.



PROPOSED SITE PLAN



20-0482

SITE PLAN CHECKLIST:

- ___ 1) Property Dimensions
- ___ 2) Footprint of proposed and existing structures (including decks_, label these with existing addresses
- ___ 3) Distance from structures to all property lines
- ___ 4) Location and size of easements
- ___ 5) Driveway path and distance from any waters; sink holes; wetlands; and etc.
- ___ 6) Location and distance from any waters; sink holes; wetlands; and etc.
- ___ 7) Show slopes and/or drainage paths
- ___ 8) Arrow showing North direction

SITE PLAN EXAMPLE

