



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

ENV. 215.001-09 715
7-21-25 01 2 22 101

PERMIT NO. 25-0555
DATE PAID: 7/19/25
FEE PAID: 310.00
RECEIPT #: 2229670

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Runtiz UDEllo En EMAIL: smith.septic@outlook.com

AGENT: Smith Septic TELEPHONE: 386-995-1429

MAILING ADDRESS: P.O. Box 838 Red, FL 32619

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: 77 BLOCK: - SUBDIVISION: Sarasota Area PLATTED: _____

PROPERTY ID #: 19-75-17-10024-077 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 3.14 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: SW OTTER LN.

DIRECTIONS TO PROPERTY: Hwy 27 East The SW Robert Follows to Otter Ln on Right Property 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>Home</u>	<u>5</u>	<u>1549</u>	
2	<u>Storage shed</u>	<u>0</u>	<u>840</u>	
3	<u>lean to attached to storage shed</u>	<u>0</u>	<u>336</u>	
4				

RECEIVED

APR 10 REC'D

BY: EH

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature] DATE: 7-2-25

DEP 4015, 06-21-2022 (obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

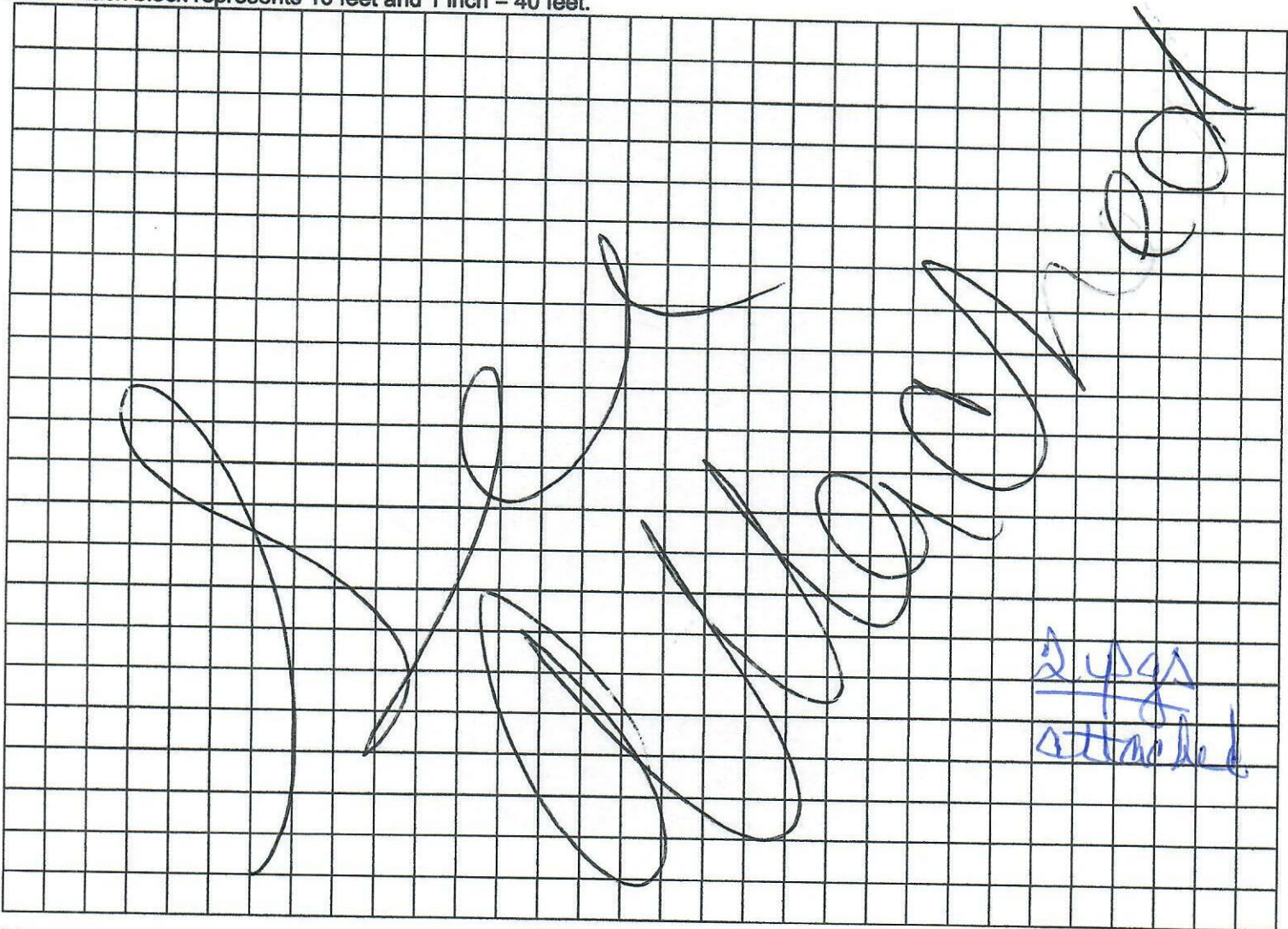
ENamuniguez 4/9/26 Storage Shed

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

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

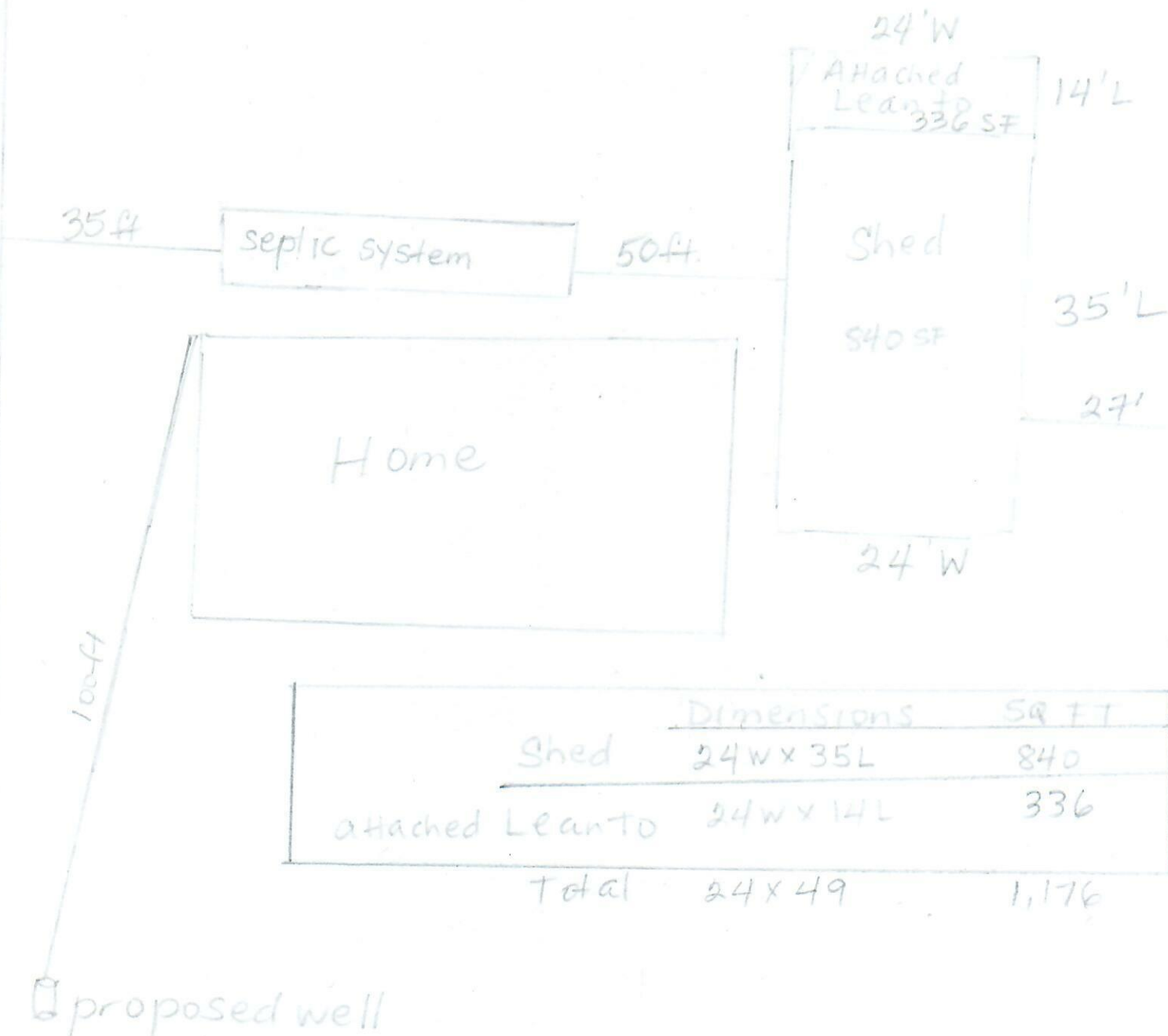


Notes: _____

Site Plan submitted by: *[Signature]*

Plan Approved *[Signature]* Not Approved _____ Date 7/7/25
By *[Signature]* Columbia County Health Department

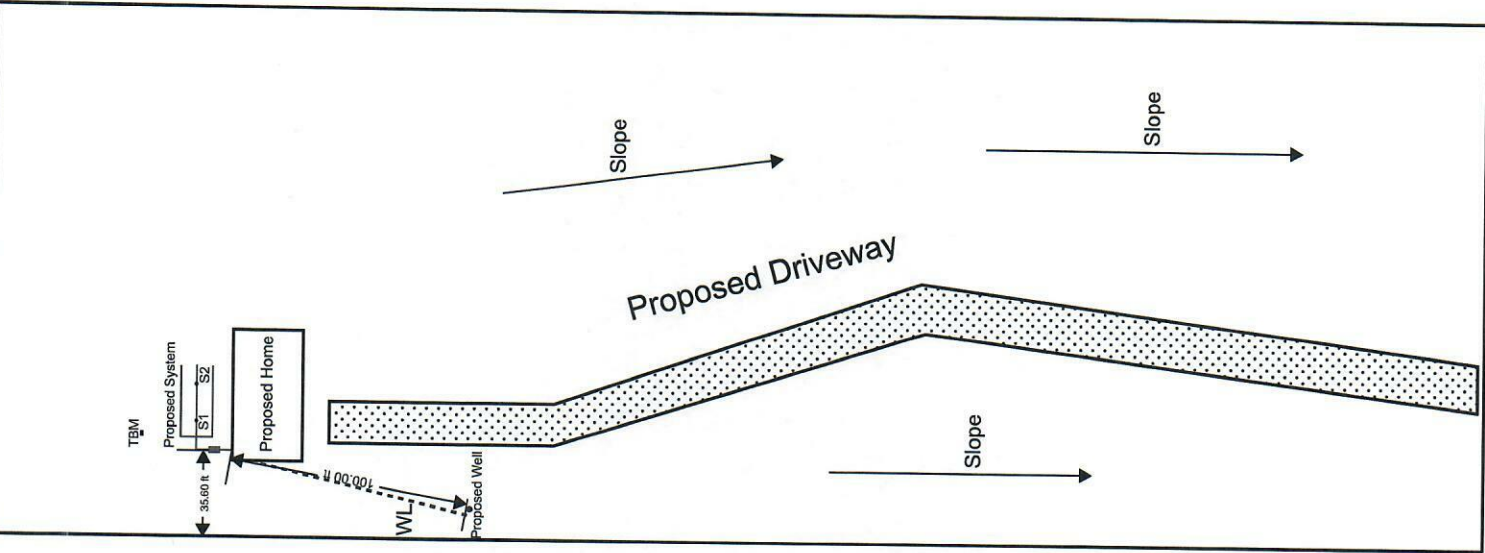
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



	Dimensions	SQ FT
Shed	24W x 35L	840
attached Lean-to	24W x 14L	336
Total	24 x 49	1,176

E. Dominguez
4/9/26

25-0555



1" = 80' 620' SW Otter LN 220'

SMITHS SEPTIC

INSTALLS - REPAIRS - PUMPING
PORTABLE TOILETS

P.O. Box 838, Bell, FL 32619
(386) 935-1429 smithseptic@outlook.com

SITE PLAN

New Septic System
 Address: SW Otter LN
 Parcel ID: 19-7S-17-10024-077
 Owner: Udelhofen

Roy Smith

Digitally signed by Roy Smith
 DN: C=US,
 E=rcsmith@windstream.net,
 O=Smiths Septic Tank
 Service, CN=Roy Smith
 Date: 2025.07.07
 12:21:49-04'00'