



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

PERMIT NO. 26-1593
DATE PAID: 7/30/26
FEE PAID: 26.88
RECEIPT #: 2317360

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Nilda Teresa Crooke-Vales

EMAIL: alejandroamir94@gmail.com

AGENT:

TELEPHONE: 352-672-0393

MAILING ADDRESS: 524 SW Pleasant Hill Gln, Ft. 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: 5 BLOCK: _____ SUBDIVISION: Pleasant Hill Farms PLATTED: _____

PROPERTY ID #: 09-75-16-04161-105 ZONING: R I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 524 SW Pleasant Hill Gln, Ft. White, FL 32038

DIRECTIONS TO PROPERTY: 47 S, Left on Geranium Ln, Right on Pleasant Hill, Last House on Right

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	<u>Storage</u>	<u>NA</u>	<u>1,612</u>	
2				
3				
4				

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

SIGNATURE: Nilda T. Crooke-Vales DATE: 7/11/26

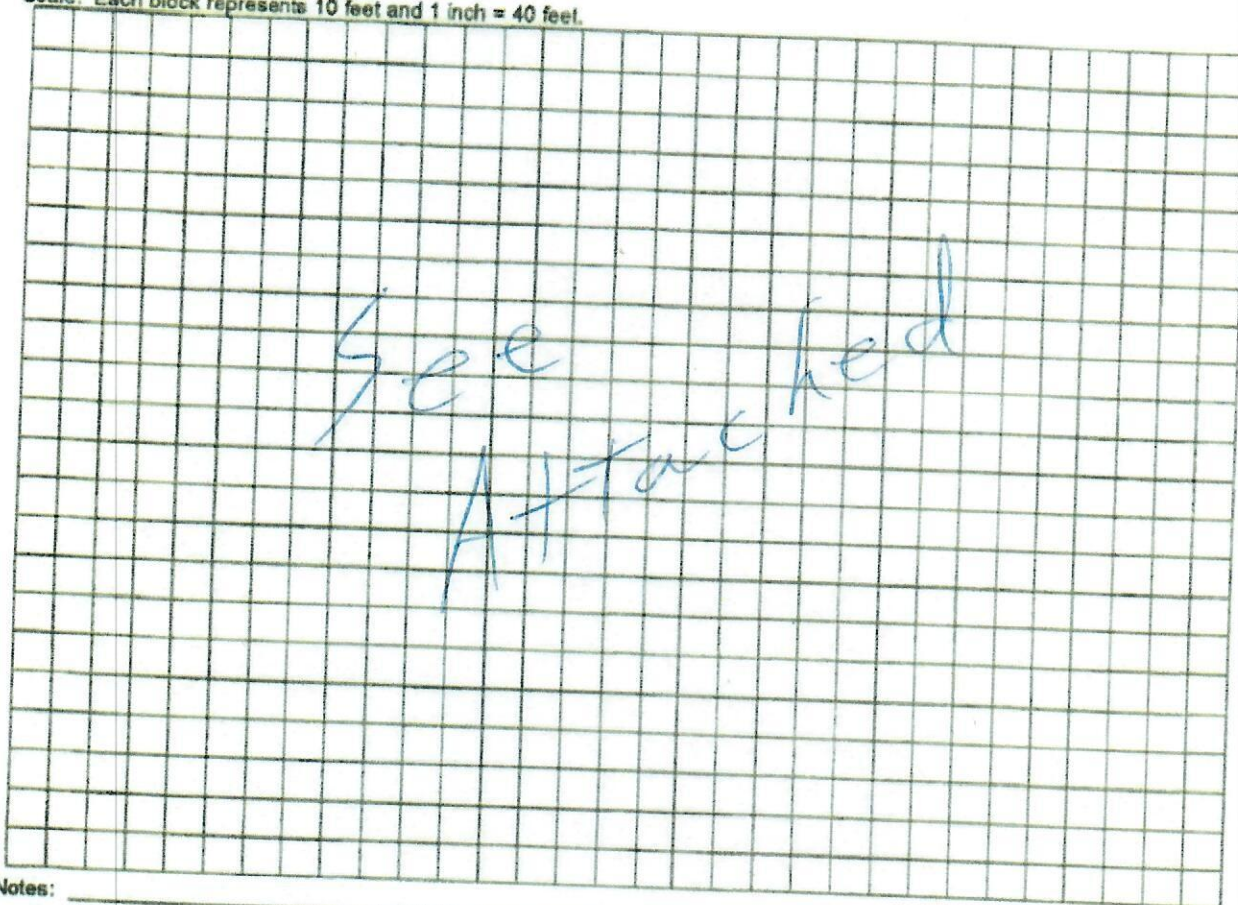
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 26-0593

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

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



Notes: _____

Site Plan submitted by: Walter S. L. [Signature]

Plan Approved _____

By _____

Not Approved _____

Date 7/17/20

Colombia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT 8/2/20

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