



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

PERMIT NO. 26-01
DATE PAID: 1-5-26
FEE PAID: 5,310.00
RECEIPT #:

26-0001
2283753

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Paul & Jennifer Davis EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025

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: 16 BLOCK: - SUBDIVISION: Ford Land Highlands PLATTED: -

PROPERTY ID # 24-55-15-00472-06 ZONING: SF I/M OR EQUIVALENT: Y / N

PROPERTY SIZE 20.2 ACRES WATER SUPPLY: PRIVATE PUBLIC] <=2000GPD] >2000GPD

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

PROPERTY ADDRESS: TBR SW JOE MARKHAM DR LAKE CITY

DIRECTIONS TO PROPERTY: SR 47 South to CR 240 + 1/2 follow to SW Ichetucknee Ave + 1/2 follow to SW Joe Markham + 1/2 go to lot just before 612 SW Joe Markham Dr.

BUILDING INFORMATION RESIDENTIAL COMMERCIAL

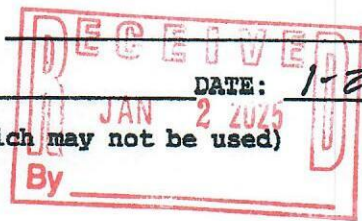
Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>MH</u>	<u>4</u>	<u>2034</u>	
2				
3				
4				

Floor/Equipment Drains Other (Specify)

SIGNATURE: Robert Ford III DATE: 1-2-2026

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

Incorporated 62-6.004, FAC



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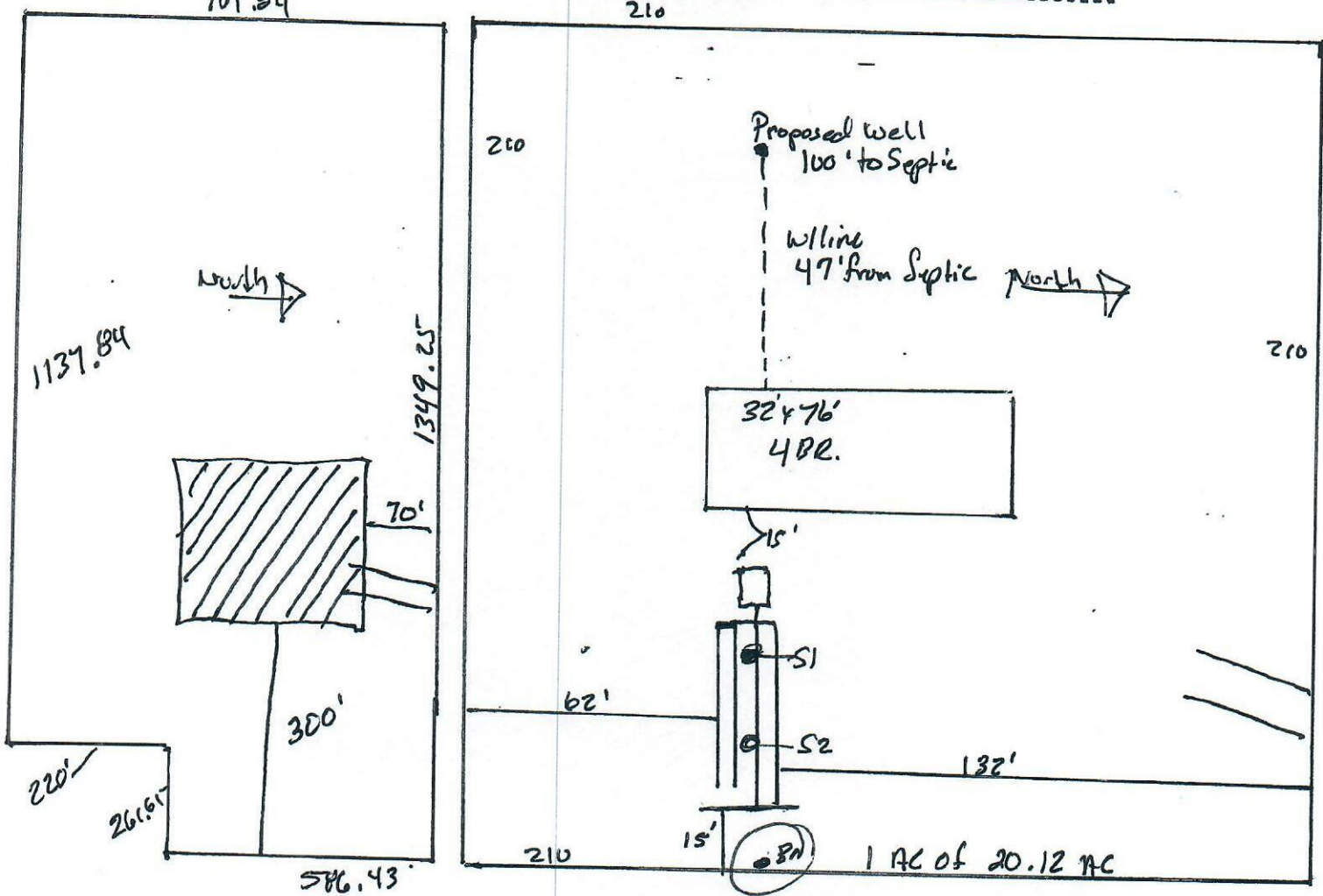
26-0001
 26-01

1" = 40'

Permit Application Number

DAVIS

----- PART II - SITEPLAN -----
 210



Notes: _____

Site Plan submitted by: Robert Ford 999 1-2-2026

Plan Approved Not Approved _____ Date 1/9/25

By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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 Incorporated: 62-6.004, F.A.C.