



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

PERMIT NO. 24-0015
DATE PAID: 11/8/24
FEE PAID: 2000
RECEIPT #: 2531907

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Kathy Adams EMAIL: premierpools1@gmail.com

AGENT: Tony Roberts TELEPHONE: 386-247-1730

MAILING ADDRESS: 839 SW Howell 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 04-65-17-09598-000 ZONING: Single Family I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 4 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 1167 SW Howell St., Lake City, FL. 32024

DIRECTIONS TO PROPERTY: Take 415 to turn (R) onto SW Howell Rd., house will be on (R) before you get to SW Haultiwanger Rd.

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 family home</u>	<u>3</u>	<u>1500</u>	<u>Build 1963</u>
2	<u>Swimming Pool</u>			
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____ DATE: 1/4/24

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

Incorporated 62-6.004, FAC

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Permit Application Number

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

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

SEE ATT

Notes: _____

Site Plan submitted by: Michael Ball

Plan Approved ☒

Not Approved ☐

Date 1/6/24

By [Signature]

ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

24-0015

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 at the entrance to the nearest property line
- 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

Revised 7/1/15

NOTE:

This site plan can be copied and used with the 911 Addressing Dept. application forms.

