



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

PERMIT NO. 25-0046
DATE PAID: 1-16-25
FEE PAID: 60.00
RECEIPT #: 2187077

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Jimmy Jackson

EMAIL: williampricerentprse.com

AGENT: Ada Price

TELEPHONE: 3804134248

MAILING ADDRESS: 3340 150th Place 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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: _____

PROPERTY ID #: 26381705571000 ZONING: 1LW I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 0.879 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 337 NE CRINAUA Street Lake City FL 32055

DIRECTIONS TO PROPERTY: Head NE on Hernando Ave turn @ toward NE Hernando Ave turn @ Hernando Ave @ 1st cross st into E Duval straight onto E US 90 @ Price Creek @ NE Washingtons @ Crinaua

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	Install SUMP#	2	831	proposed new
2	replace SUMP#	2	472	existing
3				
4				

☒ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Ada Price DATE: 1/15/25

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Permit Application Number

25-0046

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

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

SEE
Attached
SITE PLAN

Notes: _____

Site Plan submitted by CAF

Plan Approved X

By [Signature]

Not Approved _____

Date 1/15/25

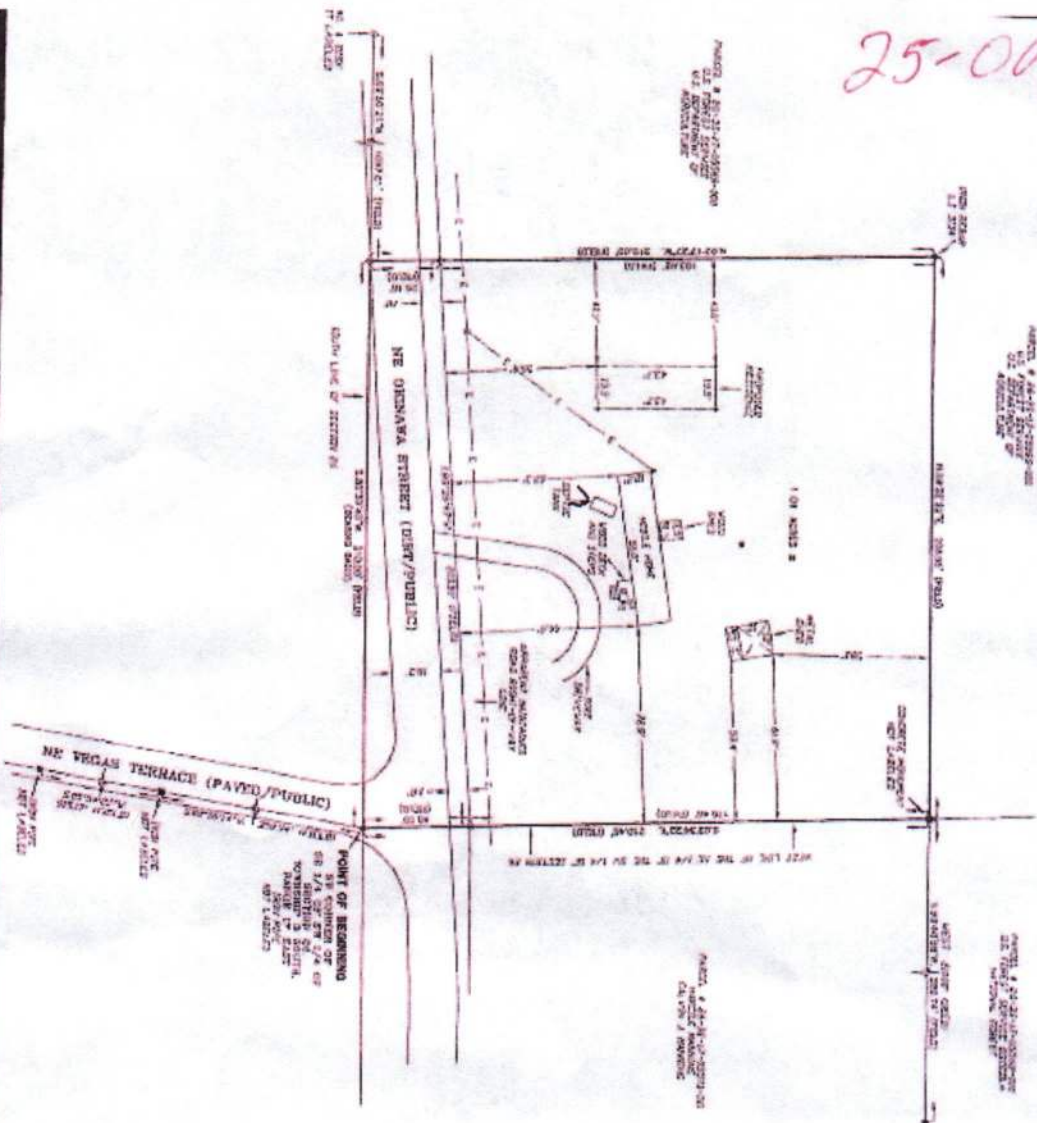
[Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 08-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

0800 4 74 24 47 65306-700
22 6661 80000 60000 6
0800 4 74 24 47 65306-700

A. HOUNSBERRY SURVEY IN SECTION 26, TOWNSHIP 3 SOUTH
RANGE 17 EAST, COCONINO COUNTY, ARIZONA



SYMBOL LEGEND

1	★ ★ ★ ★ ★	EXCELLENT
2	★ ★ ★ ★	VERY GOOD
3	★ ★ ★	GOOD
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[illegible][illegible]

CERTIFIED TO:
PATIENT RELATIONS GROUP

FIELD NO. 42 PAGE 15 41

www.pearsoned.com

I declare under penalty of perjury that the foregoing is true and correct. I executed this statement on 11/11/2011 at the location stated above and signed it in presence of the following competent witnesses:

2000

01/11/2024

1

100

[illegible]BRITT SURVEYING
& MAPPING, LLC

REVIEWS AND MATTERS 101

100

PROPERTY (continued)

LAKE CITY, ALABAMA 35899

[illegible]

JOE NUMBER: **L-30740**