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

PERMIT NO 25-0929
DATE PAID 12.1.25
FEE PAID $660.00
RECEIPT # 2279182

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT Frank Delgado EMAIL FDELGADO1785@GMAIL.COM

AGENT N/A TELEPHONE 239-287-2767

MAILING ADDRESS 438 NW Caesar Ct. White Springs, FL 32096

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: 40 BLOCK: _____ SUBDIVISION: DAVIS PLATTED _____

PROPERTY ID #: 20-2S-16-01657-040 ZONING: ESA-2 I/M OR EQUIVALENT [Y / N]

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

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

PROPERTY ADDRESS 438 NW Caesar Ct White Springs, FL 32096

DIRECTIONS TO PROPERTY: _____

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	Mobile Home	2		
2				
3				
4				

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

SIGNATURE [signature] DATE 11/23/25

RECEIVED DEC 01 2025 By

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

65

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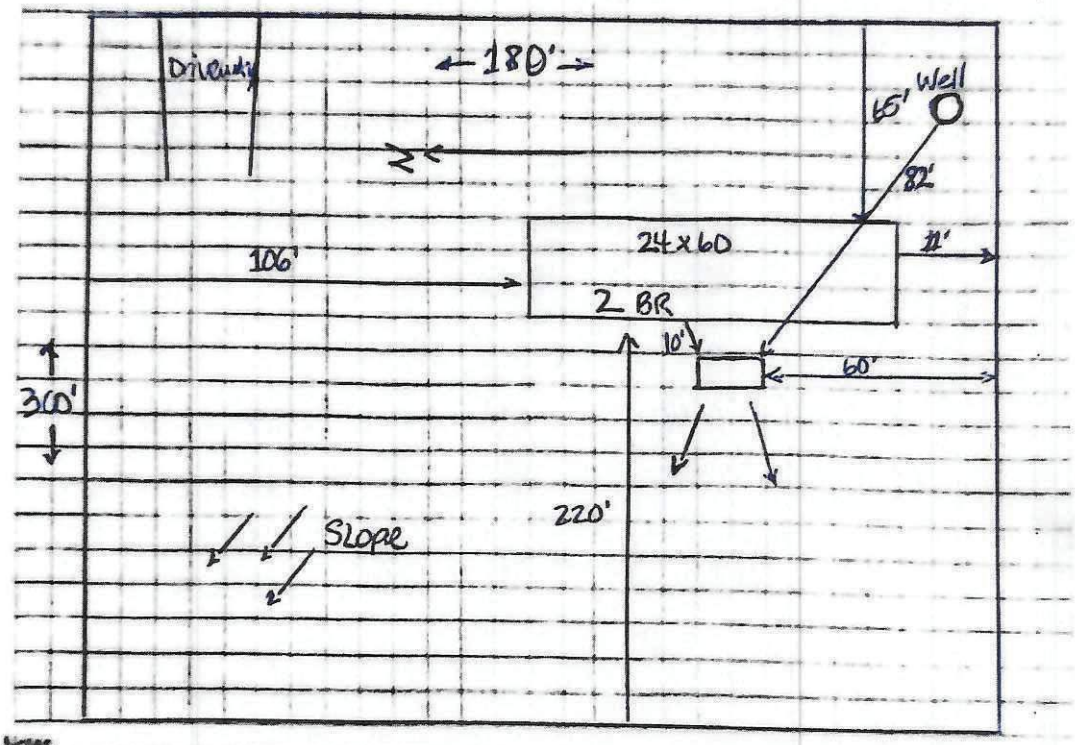
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0929

PART II - SITE PLAN

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



Notes:

Site Plan submitted by Homeowner 12/1/25

Plan Approved ✓ Not Approved

By Columbia County Health Department Date 12/2/25

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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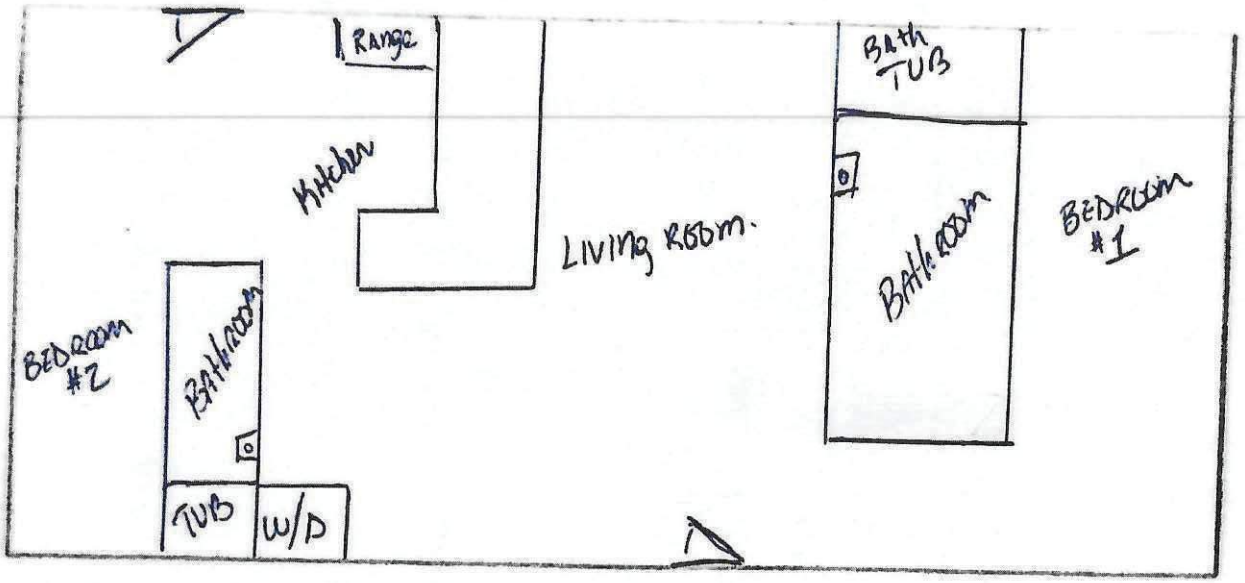
Incorporated 62-6.004, F.A.C.

25-0929

FLOOR PLAN



BEDROOMS & SQ FOOTAGE OF LIVING AREA OR Bldg SQ FOOTAGE

PLEASE NOTE THAT A FLOORPLAN OF YOUR HOME OR STRUCTURE IS REQUIRED WE DO NOT REQUIRE ACTUAL BLUEPRINTS IF YOUR DEALER HAS PROVIDED A FLOORPLAN WE PREFER IT. IF NOT PLEASE SKETCH ONE SHOWING OUTSIDE DIMENSIONS AND INSIDE ROOM LAYOUT

SHEDS, STORAGE, OR OTHER Bldg's MAY BE NOTED AS OPEN FLOORPLAN with no bedrooms or Bathrooms

Date 12/1/25 Submitted By Homeowner.

Signature