



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

FW

PERMIT NO. 22-06062
DATE PAID: 8/11/22
FEE PAID: 210.00
RECEIPT #: 1871837

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System
☐ Repair

☐ Existing System
☐ Abandonment

☐ Holding Tank
☐ Temporary
☐ Innovative
☐

APPLICANT:

Joseph Kesner

EMAIL: nflsepticTank@comcast.net

AGENT:

Robert Ford 999 - North Florida Septic Tank Inc.

TELEPHONE: 386-755-6372

MAILING ADDRESS:

141 SE State Rd 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

LOT: 68 BLOCK: 40 SUBDIVISION: MASON CITY OSTDS REMEDIATION PLAN? ☒ Y / ☐ N] PLATTED: _____

PROPERTY ID #: 22-53-17-09340-055 ZONING: SF I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 1.63 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: TBD SW Hodges Way

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	<u>1</u>	<u>3</u>	<u>4</u>	<u>1755</u>
2	<u>27X65</u>	<u>3</u>	<u>4</u>	<u>1755</u>
3				
4				

1

2

3

4

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE:

Robert Ford 999

DATE:

7.28.22

REVISED
10/15/22

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

Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

22-0462

1" = 60'

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

See ATT

Notes: _____

Site Plan submitted by: Robert Ford

MASTER CONTRACTOR

Plan Approved _____

Not Approved _____

Date 8/30/22

By _____

County Health Department

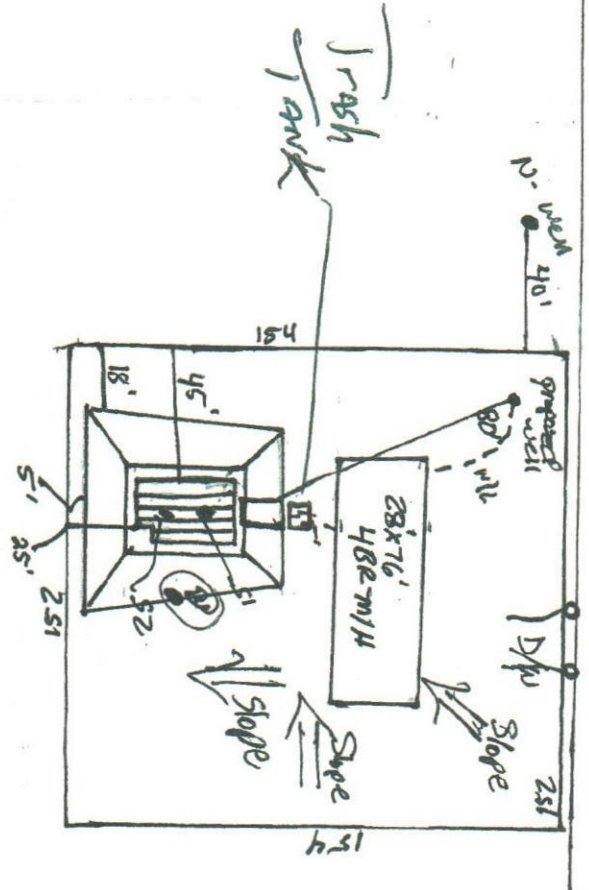
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1"=60'

Kesner Sub
Robert W. Cole
7-28-2022

SW Calvary PL

North
↑



from seaboard ms

28-2-69