

65054



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

PERMIT NO. 24-0814
DATE PAID: 4/15/24
FEE PAID: 400.00
RECEIPT #: 202413

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Jonathan Meek EMAIL: premierpools1c@gmail.com

AGENT: Premier Pools of Lake City, LLC TELEPHONE: 386 247 1730

MAILING ADDRESS: 400 SW Jatus Ave, 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 #: 12-45-15-00346 (1172) ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 27 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 400 SW Jatus Ave, Lake City, FL 32024

DIRECTIONS TO PROPERTY: 90 W to Pinemount Rd turn (L)
go to SW Jatus turn (L) 3rd drive on (R).

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 Swimming pool _____ 20x40 _____

2 _____ _____ _____

3 _____ _____ _____

4 _____ _____ _____

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____ DATE: 4/15/24

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision : To be the **Healthiest State** in the Nation

April 16, 2024

JONATHAN**24-0314 MEEK
JAFUS
Lake City, FL 32024

 **E-MAILED**
Agent IBLDG
KR 4/24/24

RE: Contingency Letter
Application Document No: AP2064113
Centrax Permit Number: 12-SC-2890661
OSTDS Number:
JONATHAN MEEK 24-0314
400 SW JAFUS
Lake City, FL 32024
Lot: Block: Subdivision:

Dear Applicant:

This will acknowledge receipt of an application dated 04/15/2024 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 62-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely,

Sean Havens, Environmental Specialist I

Enclosures

cc:

KLMB 4/24/24

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April 16, 2024

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0314

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

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

See Attached
Site Plan

Notes: _____

Site Plan submitted by: _____

Plan Approved _____

Not Approved _____

Date

4/15/24

By _____

ESL

Columbia

County Health Department

4/16/24

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

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

24-0314

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.

