## 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 01, 2024

KEN\*\*24-0261 SNIDER OLD WIRE Fort White, FL 32038

RE: Contingency Letter

Application Document No: AP2049198 Centrax Permit Number: 12-SC-2873765

OSTDS Number:

KEN SNIDER 24-0261

2927 SW TUSTENUGGEE

Lake City, FL 32025

Lot:

Block:

Subdivision:

Dear Applicant:

This will acknowledge receipt of an application dated 03/25/2024 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) 785-1058.

Sincerely,

Dustin Jones, Environmental Specialist II

**Enclosures** 

CC:



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

PERMIT NO. DATE PAID:
FEE PAID:
RECEIPT #:

## APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [ ] New System [ ]	Existing System Abandonment	m [ ]	Holding Tank	k [] Inn	ovative
[ ] Repair [ ] APPLICANT: Ken 5		[ ]			
APPLICANT: NEW O	maer		EM	AIL: permitta	2017@gn
AGENT: Aqua Scape				ephone : <u>386</u> -	
MAILING ADDRESS: 3104	Sw old	Wire Ro	1 Ft Wh	ute FL	32035
TO DE COMPLETED DY ADDITIO	TANKS OF APPLICATION				
TO BE COMPLETED BY APPLIC BY A PERSON LICENSED PURS APPLICANT'S RESPONSIBILIT PLATTED (MM/DD/YY) IF REQ	SUANT TO 489.105( FY TO PROVIDE DOC QUESTING CONSIDER	3) (m) OR 489 UMENTATION O	.552, FLORIDA F THE DATE TH	A STATUTES. I HE LOT WAS CR	T IS THE EATED OR
PROPERTY INFORMATION			OSTDS REI	MEDIATION PLA	M? [Y/M]
LOT: NA BLOCK: NA	_SUBDIVISION:	metes ab	ounds	PLATTED	):
PROPERTY ID #: 32-45	17-68927-60	OZONING:	I/M OR	EQUIVALENT:	[ Y / N ]
PROPERTY SIZE: 1.0 ACRES	WATER SUPPLY:	PRIVATE	PUBLIC [ ]	]<=2000GPD [	]>2000GPD
IS SEWER AVAILABLE AS PER					
PROPERTY ADDRESS: 293					
DIRECTIONS TO PROPERTY:	US 441 30	with, Tr	2 on Ju	) Tusten	uggee
property on @	approx 1/2	zmile	past S	IW Bede	enbaugh L
BUILDING INFORMATION	[ RESIDE	NTIAL	[ ] COMMERC	CIAL	
Unit Type of No Establishment			mmercial/Inst ble I, Chapte	citutional Sys er 62-6, FAC	stem Design
SFR 2		1248			
Wimming Pool		450 sq.ft	15 × 30 (	concrete i	000
4 0					
[ ] Floor/Equipment Dra	- //				
SIGNATURE: Myy	8 Help	Centra	icta i	DATE: 3-2	21-24
DEP 4015, 06-21-2022 (Obs	oletes previous e	ditions which	h may not be	used)	

## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number ------ PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. Notes: Site Plan submitted by: Plan Approved Not Approved

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.

