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

PERMIT NO. 22-0797
DATE PAID: 10/5/22
FEE PAID: 280.00
RECEIPT #: 1883925

APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: Christopher D. Miller EMAIL: bw.david@hubindustries.com

AGENT: _____ TELEPHONE: 386-288-3448

MAILING ADDRESS: 325 SW Emerywood Gln, 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: 3 BLOCK: _____ SUBDIVISION: Cove at Rose Creek PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [✓] (PRIVATE) PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / (N)] DISTANCE TO SEWER: _____FT

PROPERTY ADDRESS: 325 SW Emerywood Gln, Lake City, FL 32024

DIRECTIONS TO PROPERTY: Turn Left into Cove at Rose Creek
5th House on the Left

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
	Just a Workshop		24x30	no Bathroom - no Septic needed
			720	24 x 30 Metal Work Shop

Floor/Equipment Drains [ ] Other (specify) _____

SIGNATURE: _____ DATE: 10-5-22 / 10/6/2022

DH 1015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0797

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

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

Notes: _____

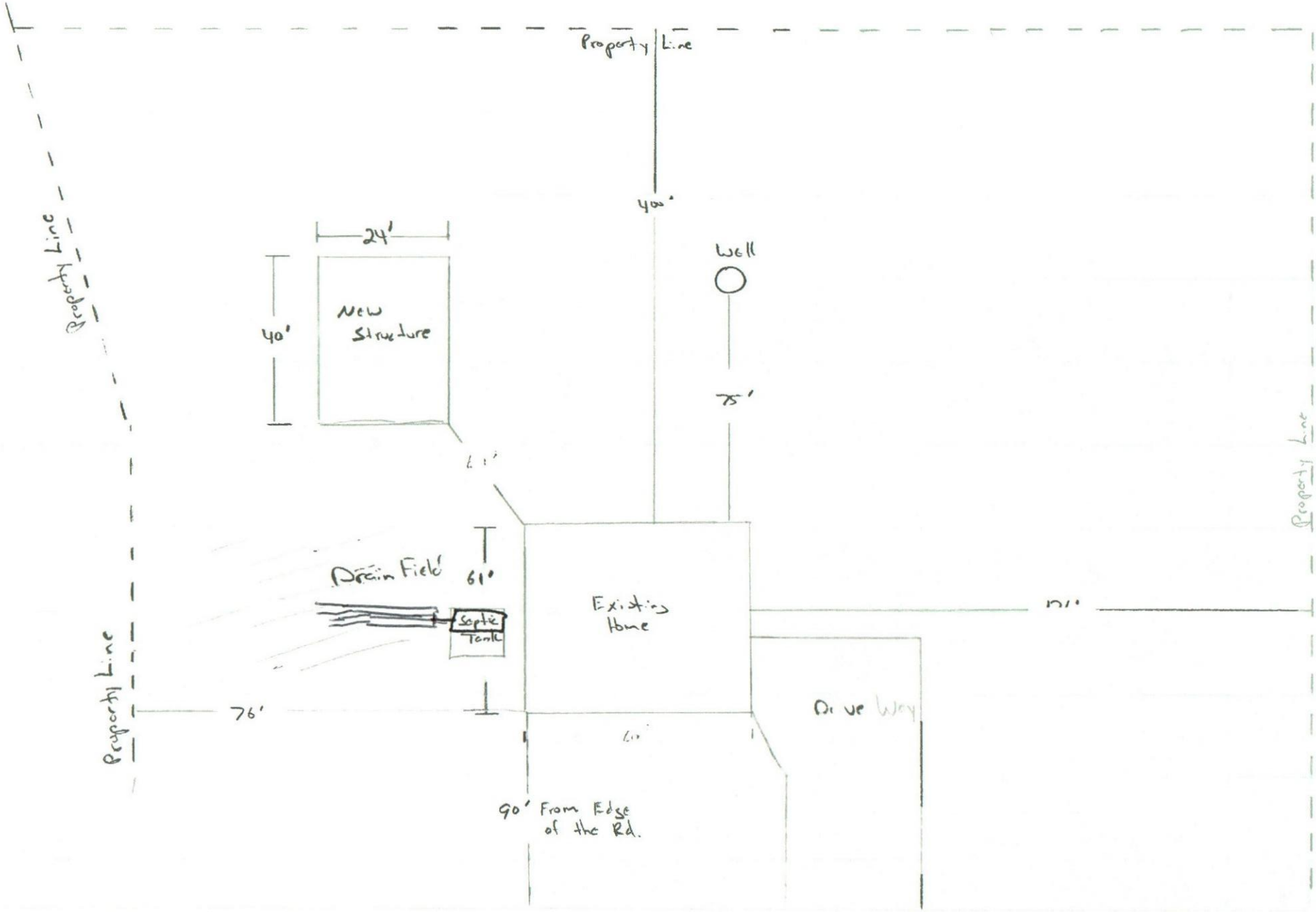
Site Plan submitted by: _____ Agent: Owner Date 10/05/2022

Plan Approved ✓ Not Approved ____ Date 10/6/22

By _____ EH2 COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

23-0747


Property Line
40'
24'
Well
New Structure
40'
75'
Property Line
Property Line
Drain Field
61'
Septic Tank
Existing Home
Drive Way
76'
90' From Edge of the Rd.