



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

PERMIT NO. 22-0844
DATE PAID: 10/11/22
FEE PAID: 1049.00
RECEIPT #: 1049.00

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [X] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Brent Strickland

EMAIL: DaleBurd@gmail.com

AGENT: Dale Burd

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, 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: 1 BLOCK: 4 SUBDIVISION: Flora Crest Farms Unit A PLATTED: Strickland's MHP Rentals

PROPERTY ID #: 28-4S-17-08815-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.75 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [X] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 174 SW CR 242 A, Lot-7, Lake City, FL, 32024

DIRECTIONS TO PROPERTY: US 441 South, TR CR 242A, 350 feet on left, to south side of property to lot 7

BUILDING INFORMATION

[X] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	SF Residential	2	784	Removed 4 BR DWMH, Replace with 2 BR SWMH
2				ORIGINAL ATTACHED
3				
4				

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

SIGNATURE: [Signature]

DATE: 10/11/22

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Permit Application Number 22-0844

Strickland MH Park Lot 7

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

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

Please see attached site plan

Notes: _____

Site Plan submitted by [Signature] Contractor _____

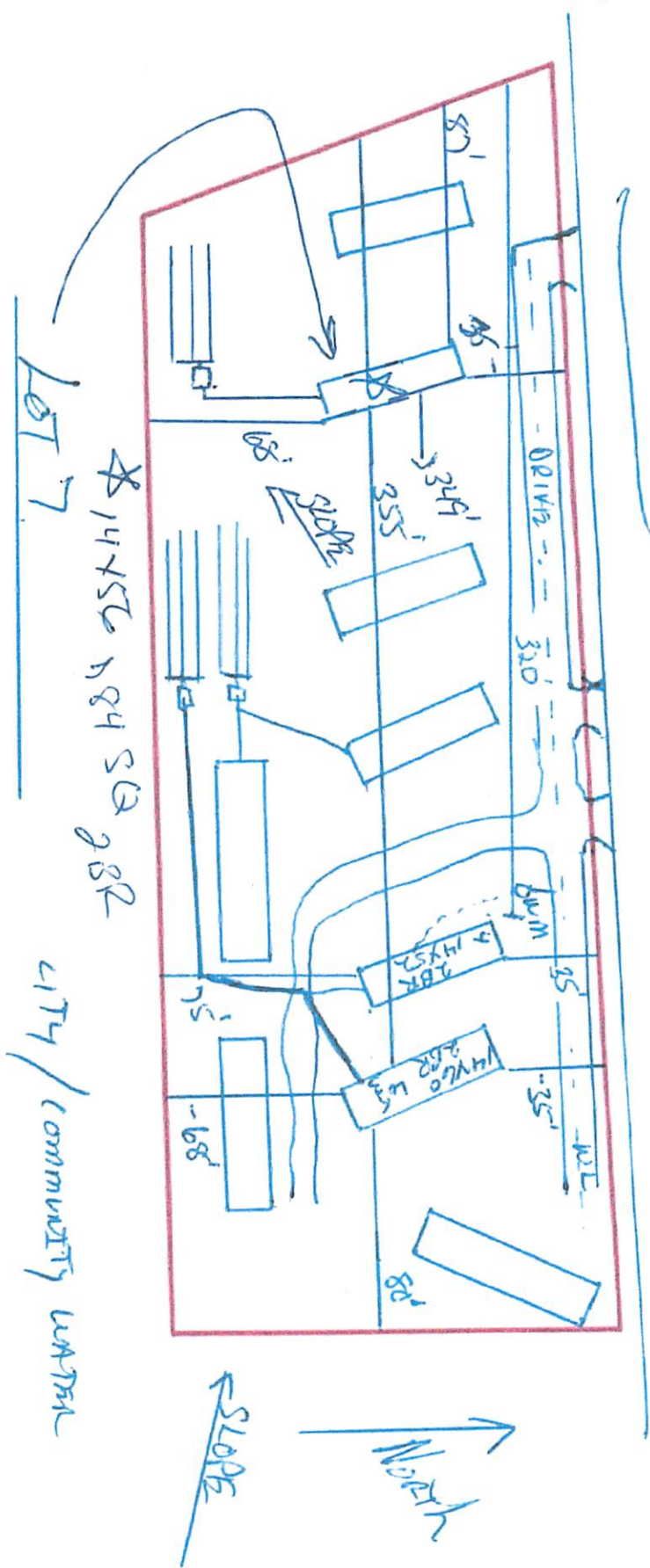
Plan Approved [Signature] Not Approved _____ Date 10/19/22

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

780-084

SW COUNTY ROAD 242A



Speckhard, Brent
1" = 60'

4/10/22