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

PERMIT NO 22-1087
DATE PAID: 12/16/22
FEE PAID: 100.00
RECEIPT #: 1902607465

APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: Charles Lye EMAIL: charleslye.md@hotmail.com

AGENT: _____ TELEPHONE: 386-965-9018

MAILING ADDRESS: PO Box 868, Lake City FL 32056-0868

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: 27 BLOCK: NA SUBDIVISION: Meadowlands Ph 2 PLATTED: _____

PROPERTY ID #: 06-6S-17-09617-227 ZONING: R I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 223 SW Meadowlands Dr, Lake City FL 32024

DIRECTIONS TO PROPERTY: South on SW TUSTENUGGEE Ave. Turn Right on SW Meadowlands Dr. (just before Morlong Dr) Property is second lot on the right.

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	storage Shed	NIL	480	N.A. 16-0552
2				
3				
4				

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

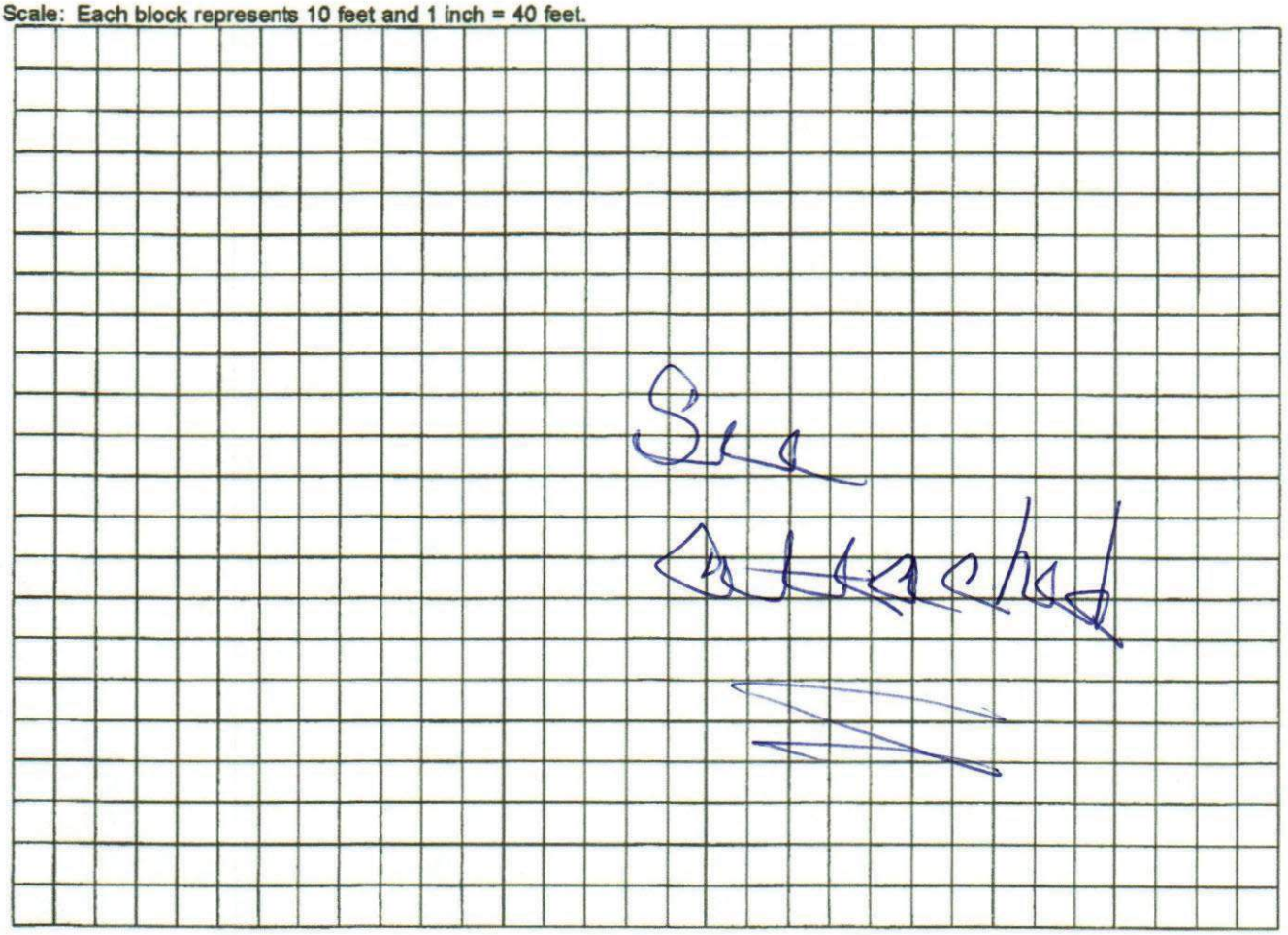
SIGNATURE: _____ DATE: 12-16-22

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-1007

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

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



Notes: _____

Site Plan submitted by: _____

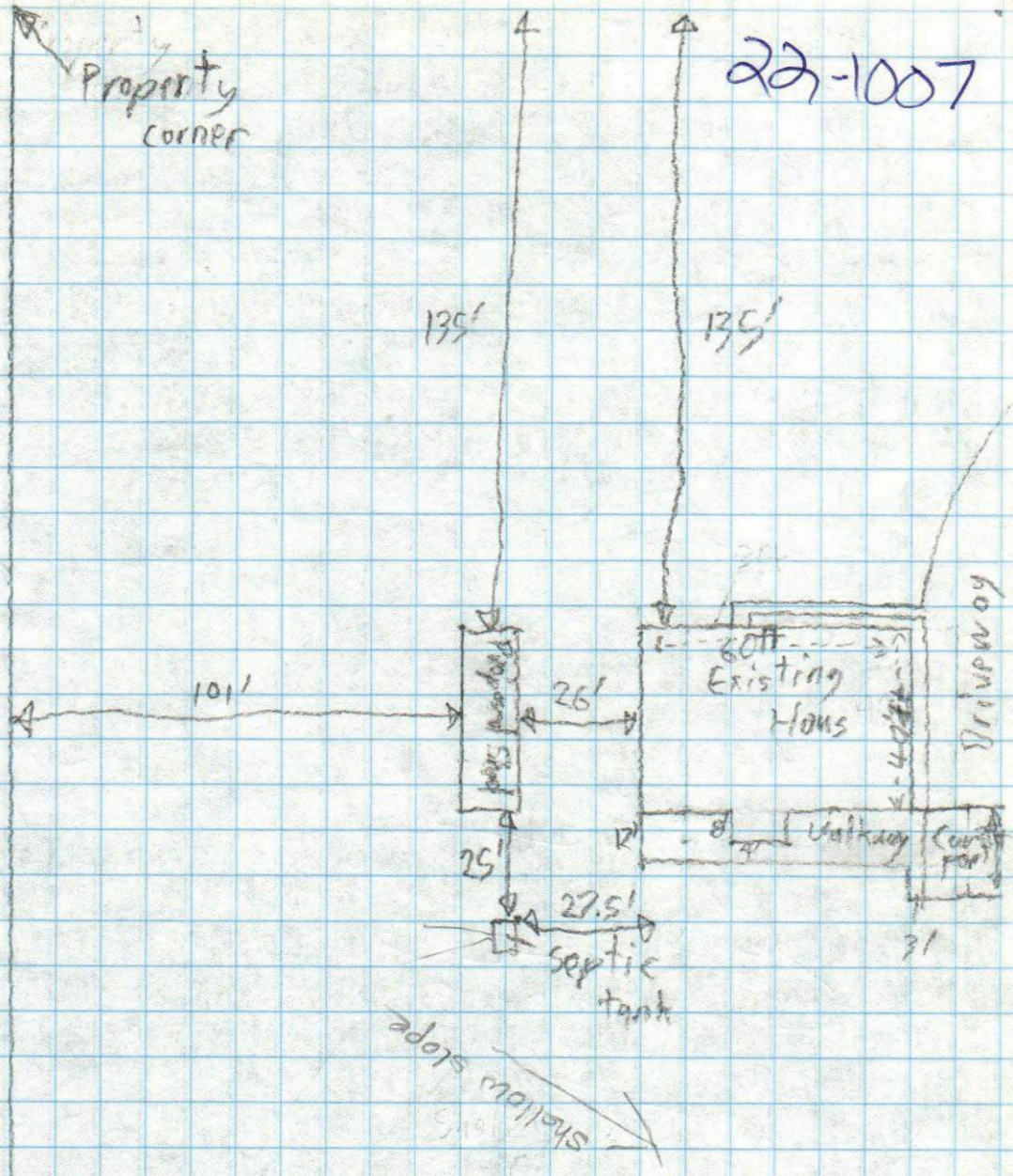
Plan Approved _____ Not Approved _____ Date 12/19/22

By _____ County Health Department

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.

22-1007



12-16-22