



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

56411
PERMIT NO. 22-0737
DATE PAID: 8/31/22
FEE PAID: 310.00
RECEIPT #: 1872755

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Michael Roberts EMAIL: nflseptic tanks@comcast.com

AGENT: Robert Ford III - North Florida Septic Tanks INC TELEPHONE: 386-755-6372

MAILING ADDRESS: 141 SE State Road 100, Lake City, FL 32025

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: 8 BLOCK: Ph2 SUBDIVISION: Stonehenge PLATTED:

PROPERTY ID #: 23-AS-16-03099-208 ZONING: I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 0.51 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 170 SW Guinevere Way, LLC FL

DIRECTIONS TO PROPERTY:

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	Home	4	2459	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Robert Ford III DATE: 8-29-2022

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

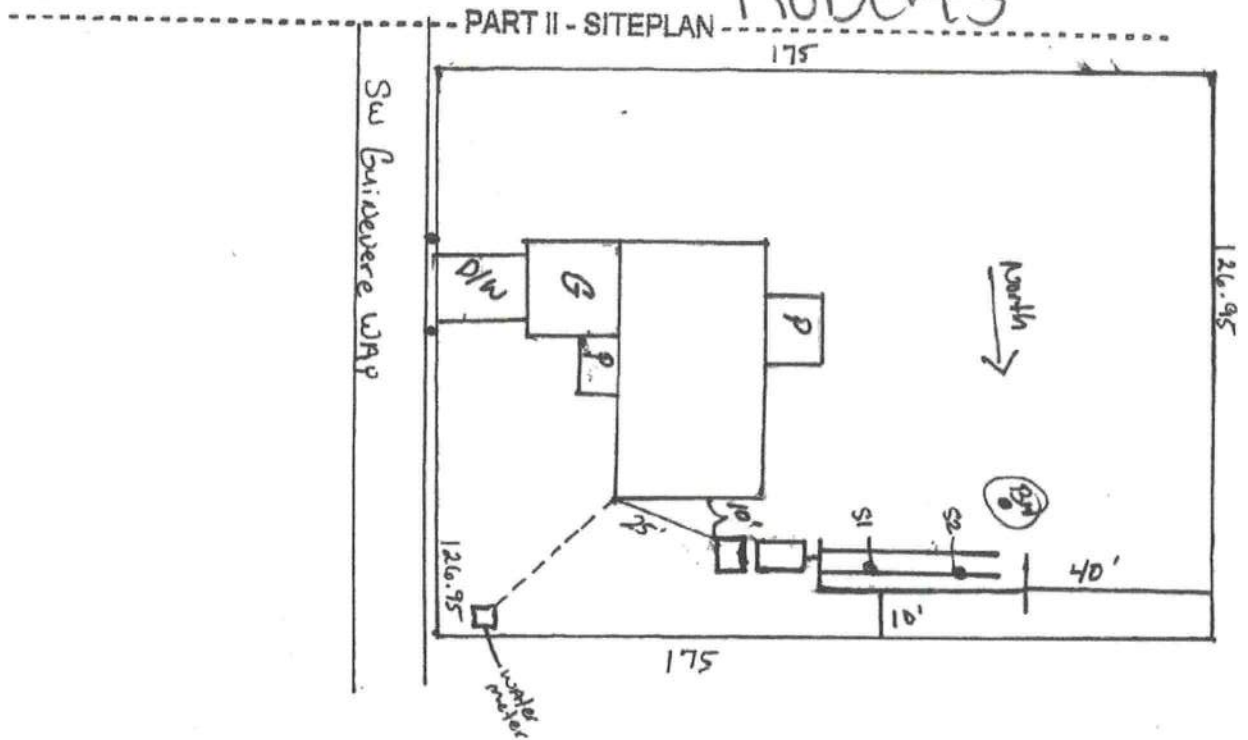
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1" = 40'

Permit Application Number 22-0737

Roberts



Notes:

Site Plan submitted by: Robert Ford DATE: 8-29-2022

Plan Approved X Not Approved

MASTER CONTRACTOR

Date 9/8/22

By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT