



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

PERMIT NO. 25-0208
DATE PAID: 3/3/2025
FEE PAID: 200.00
RECEIPT #: 246781

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Carolyn Castagna

EMAIL: NorthFloridaPools@aol.com

AGENT: Yadami Mendoza

TELEPHONE: 386-208-4762

MAILING ADDRESS: 709 Duval St NW Live Oak, Florida 32064

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 31-3S-16-02415-000 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 16.55 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 100 FT

PROPERTY ADDRESS: 1023 SW Arbor Ln Lake City, Florida 32024

DIRECTIONS TO PROPERTY: 90 east 7.9 miles, turn left onto SW Thomas Road, then turn right onto SW Arbor LN, property will be at the corner of SW Arbor Ln and Hunter Road. Right side.

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	Inground concrete Spa			
	10' x 12'	3	2800	
2	Spa (Area)		120 sqft	
3				
4				

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

SIGNATURE: [Signature] DATE: 3/3/2025

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

18-00000-1
18-00000-2
18-00000-3
18-00000-4
18-00000-5
18-00000-6
18-00000-7
18-00000-8
18-00000-9
18-00000-10

STATE OF ALABAMA
DEPARTMENT OF REVENUE
OFFICE OF THE COMMISSIONER
MONTGOMERY, ALABAMA



STATEMENT OF RECEIPTS

For the month of _____ 19____
Total Receipts _____

From _____
Total _____

From _____
Total _____

From _____
Total _____

From _____
Total _____

From _____
Total _____

From _____
Total _____

From _____
Total _____

From _____
Total _____

From _____
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Total _____

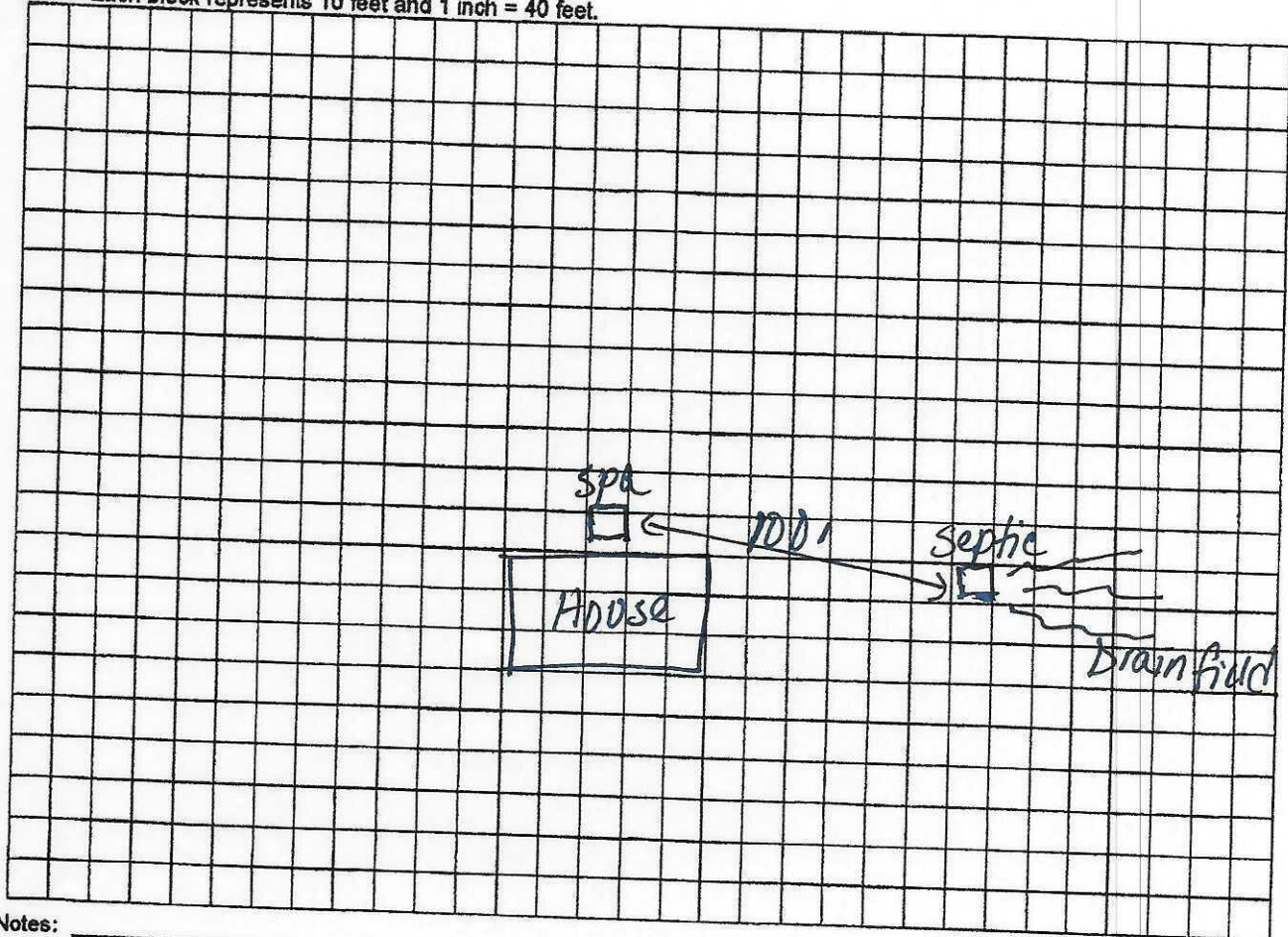
From _____
Total _____

STATE OF FLORIDA
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0208

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

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



Notes: _____

Site Plan submitted by Yadami Mendoza (Contractor) 3/3/2025
Plan Approved _____ Not Approved _____ Date 3/10/25
By [Signature] _____ County Health Department

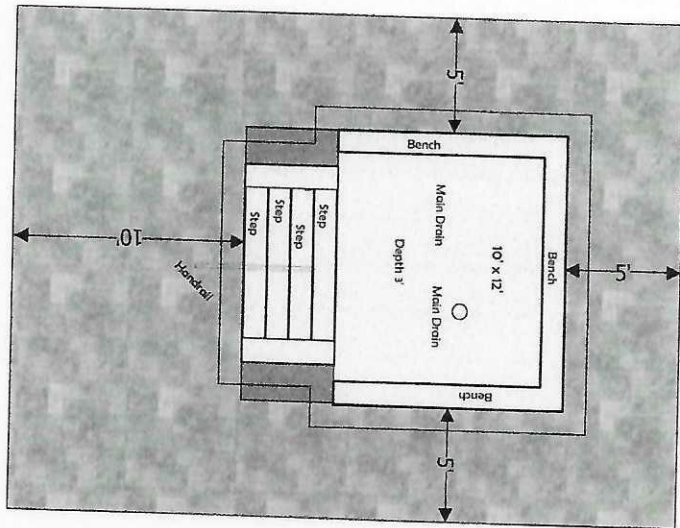
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated: 62-6.004, F.A.C.

25-0208

Owner: Carolyn Castagna
1023 SW Arbor LN
Lake City, Florida 32024

Company: North Florida Pools and Spas LLC
709 Duval St NW
Live Oak, Florida 32064
CPC1459321



Scale: 1/8" = 1 ft

8081-25

