

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

PERMIT NO 24-8724

DATE PAID: THE PAID: RECEIPT #: 214-144

## APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ ] Repair [ ] Abandonment [ ] Temporary [ ]
APPLICANT: AMy Doan Powher EMAIL: amy Lean 240 youhoo.co
AGENT:
MAILING ADDRESS: 3901 SW 20 Ave Unit 402 Gainesuille, FL 32607
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 1/24/5AP Three River) EST OSTOS REMEDIATION PLAN? [Y/N] LOT: 72 SUBDIVISION: PLOS
PROPERTY ID 8: 09-75-16-04161-107 ZONING: A9 I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 0.9 ACRES WATER SUPPLY: [V] PRIVATE PUBLIC [ ] <= 2000GPD [ ] > 2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/N] DISTANCE TO SEWER: NAT FT
PROPERTY ADDRESS: 669 SW Pleasant Ter. Ft white, FL 32038
DIRECTIONS TO PROPERTY: From It White take Wilson Springs Rd (SW) 2mi
To SW Newark turn R), second (Dis sw pleasant ter turn L)
Pass sw Alberta PL lot 7 icon (R)
BUILDING INFORMATION [ ] RESIDENTIAL [ ] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No. Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1 Site built 1 825 ORIGINAL ATTACHED
2
3
4
[ ] Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: DATE: 9/23/24
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC Page 1 of 4

## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION APPLICATION FOR CONSTRUCTION PERMIT

icale:	Each	block	repre	sents	10	feet	and	1 inc	h=	50	eet.															
															T	T	T	T						T	T	T
															1	T	1			1	1		1	1	T	$\top$
															1	T				1			7	1	$\top$	$\Box$
																T				Ţ					T	
																T				7						
															$\mathbb{I}$	I	1				٩					
-	_																	3		1					X	
-	_							_		1					1	1	7	16	,	Q				1	40	
-	+		-				_		-			_			1		1	Ve	2	3				4	100	
+	+	-	-				-	_	_	_				4	1	1	11	3		0						
-	+-	-	-	-			-	-	+	+	-	-		_	1	+	1				1	_		1		
+	+	-	-	-	_	-	-	-	+	+	-	-	_	+	#-	+	-	1.		12	_}	- 1	2	1	_	1
+	+	-	+	-		-	-	-	+	+	-		-	+	+	1	-	-	-			7	3	+	-	-
+	+	-	+-	$\vdash$		-	-	+	+	+	+	-	-	+	+	+	+		-	-		-			_	-
+	+	+	+	$\vdash$	-	-	+	+	+	+	+	-	-	+	+	+	+		-	-	-	+	+	+	-	-
+	+	+	-	-	-	-	+	+	+	+	+	-	-	+	+	+	+-	-	-		-	-	+	+	+	+
+	+	+	+	+		-	+	+	+	+	-	-	-	+	+	+	+	-	-	-	-	+	+	+	+	-
+		+	+	+		-	+	+	+	+	+		+	+	+	1	+		-	-	-	+	+	+	+	$\vdash$
	$\top$	+	+	$\vdash$		1	+	+	+	+	+	-	+	+	+	#	+		+	-	-	+	+	+	+	H
1		+	_			+	+	+	+	+	+		7	+	10	1	+		-	-	-	+	+	+	+	+
1	$\top$		$\top$		1	$\neg$	1	+	+	+	+	+	1	+	1	*	1	-	7	1	+	+	+	+	+	+-
tes:	1			-	_	_	-	-	_					_		18	1	-						-	_	
					_							-			1	-	1								-	
										***************************************			_		T		11								-	
				1	1			)		1							11	10	5	-					-	
a Dias	n made or	nitted	bur		M		10	Sm	1	Van	1	(			4		1		-		-			1		

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.

Page 2 of 4