



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

PERMIT NO. 22-0867
DATE PAID: 10-19-22
FEE PAID: 60.00
RECEIPT #: AV1900514

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Justin & Wrenda Slaymaker EMAIL: rockyford@windstream.net
AGENT: A & B Construction TELEPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dorch St, Ft. White, FL 32038

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: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 23-65-17-09754-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 0.5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 1061 SE Sidney St., Lake City, FL.

DIRECTIONS TO PROPERTY: TR onto US-41 S, TR onto SE Clubhouse Ln, TR onto SE Sidney St.

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 SF Residential 2 14x66 (924)

2

3

4

☐ Floor/Equipment Drains ☐ Other (Specify) _____

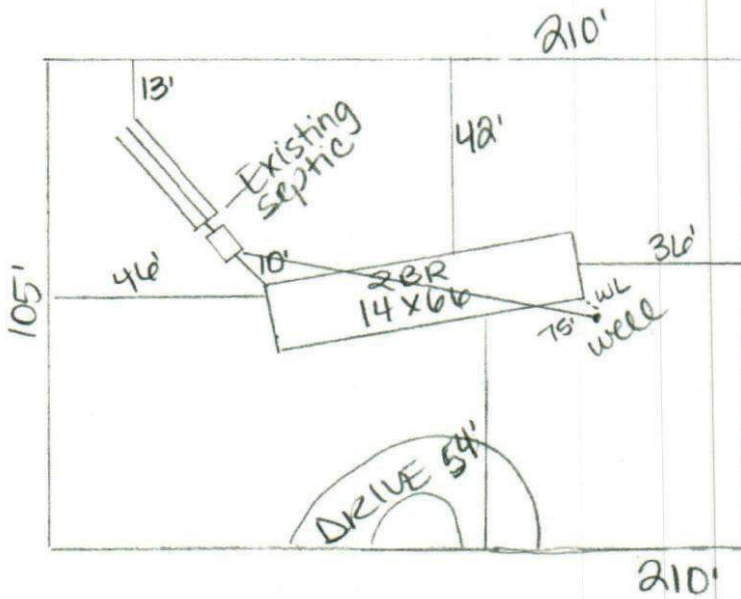
SIGNATURE: William A. Bishop Jr. DATE: 10-14-22

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

Incorporated 62-6.004, FAC

↑N

Slaymaker
lin=40ft.
1-18-23
Revised



SE Sidney St.

REVISED
1-18-23

APPROVED

Columbia CHD

William D. Bishop II

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Permit Application Number _____

Slaymaker

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

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

*See
attached*

Notes: _____

Site Plan submitted by: *William D. Bishop II* *master contractor*

Plan Approved *A* Not Approved _____ Date *10/15/22*

By *[Signature]* *Columbo* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004, F.A.C.