



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

PERMIT NO. 24-0168
DATE PAID: 5/2/2026
FEE PAID: 18.05
RECEIPT #: 229844

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Brian Richardson EMAIL: aquaticartpools@gmail.com
AGENT: Susan L. Frazee TELEPHONE: (386) 232-6722
MAILING ADDRESS: 346 NW Ivy Gln., Lake City, FL 32055

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

LOT: 33 BLOCK: _____ SUBDIVISION: Crosswinds S/D Phase 1 OSTDS REMEDIATION PLAN? [Y / N]
PLATTED: _____

PROPERTY ID #: 24-45-16-03117-133 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: _____ FT

PROPERTY ADDRESS: 886 SW Chesterfield Cir., Lake City, FL 32024

DIRECTIONS TO PROPERTY: US90W 1.5 mi. Turn left on SW Sisters Welcome Rd. 3.1 mi. Slight left onto SW Kicklighter Terr. Rt. toward SW Chesterfield Cir. Rt onto SW Chesterfield Cir. 1 mi

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	<u>inground swimming pool</u>			
2				
3				
4				

Floor/Equipment Drains Other (specify) _____

SIGNATURE: Susan L. Frazee DATE: 2/5/2026

DEP 4015, 05-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC.

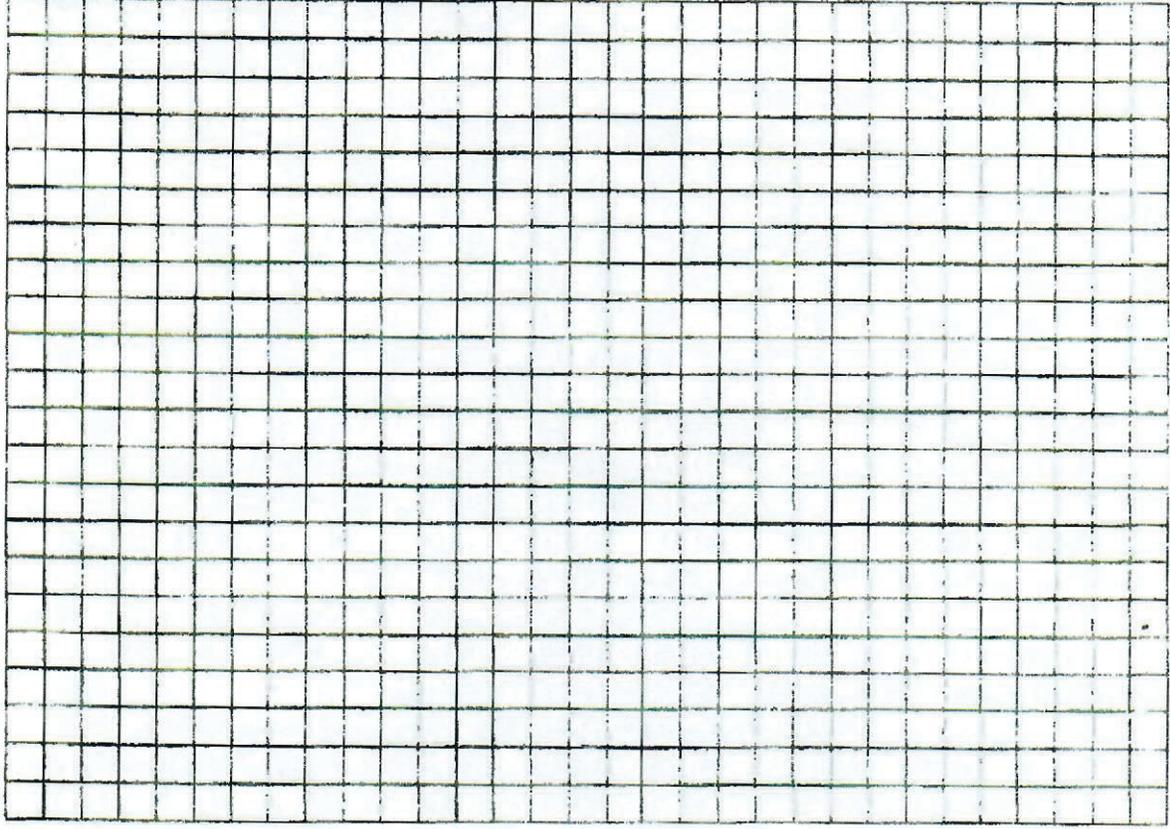
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number: _____

26-0168

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

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



Notes: _____

see attached

Site Plan submitted by: _____

Susan L. Fray

Plan Approved _____

Not Approved _____

Date

2/5/2026

By _____

County Health Department

[Signature]

2/17/26

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

