

orig. Permit # 12-50-1641766

FW



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ON-SITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM (OSTDS)

PERMIT NO: 22-0742  
DATE PAID: 8/31/22  
FEE PAID: 2100.00  
RECEIPT #: 1875003

APPLICATION FOR CONSTRUCTION PERMIT

OSTDS New

APPLICATION FOR:

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

APPLICANT: Stephanie Blanchard EMAIL: 195RB164@gmail.com

AGENT: TELEPHONE: 386 288 5550

MAILING ADDRESS: 7716 SW US Highway 27, Fort White 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: 72 BLOCK: SUBDIVISION: Meadowlands Ph 4 PLATTED:

PROPERTY ID #: 01-6S-16-03761-172 ZONING: V I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 5 AC ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 206 SW High Field Ter, Lake City, FL 32024

DIRECTIONS TO PROPERTY: Hwy 41 S to Tustenuggee, R on Meadowlands, R on High Field, L 206 SW High Field, gate to the left.

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	Barn	0	30x50	1500
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Stephanie Blanchard DATE: 8/30/22

## Permit Application Number

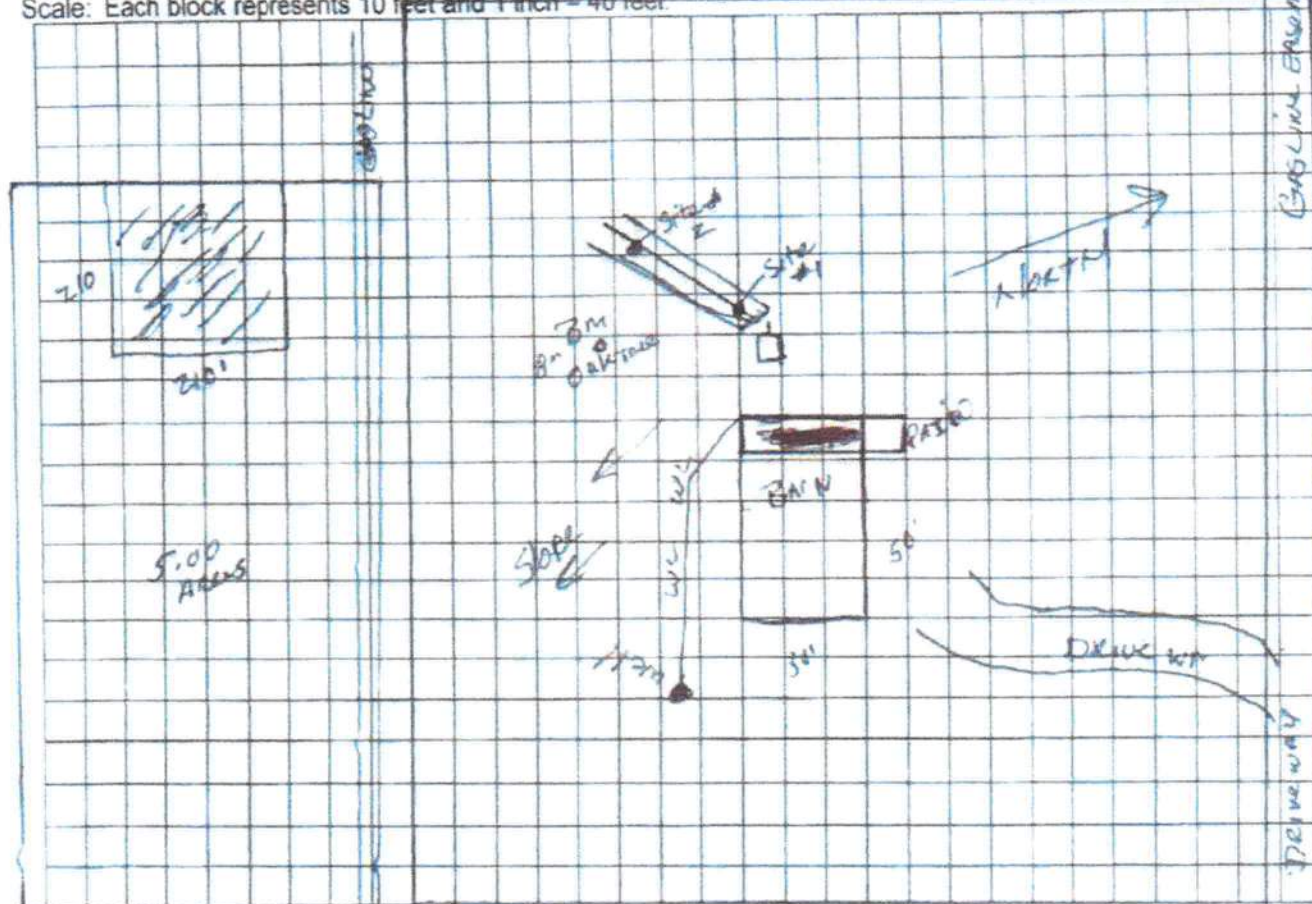
15.9611

Blanchard

PART II - SITEPLAN

1. Area of 500 Acres  
210' x 210'

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



Notes:

Notes: SW Highfield Terr  
TD Brook millard & Stephanie Blanchard  
Lot 72 PH 4 meadowlands OKS-16-03761-172

Site Plan submitted by: \_\_\_\_\_

William B. Bishop II

8-31-22

Agent

Plan Approved

Not Approved

Date \_\_\_\_\_

MUSIL

B

Columbus

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT