

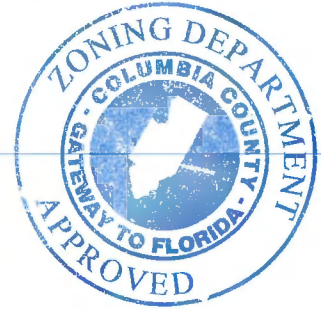


Columbia County Gateway to Florida

70963
FOR PLANNING USE ONLY

Application # STUP 250503
Application Fee 100.00
Receipt No. 770631
Filing Date 5-12-2025
Completeness Date 5-15-2025

Special Temporary Use Permit Application



A. PROJECT INFORMATION

1. Project Name: Alicia Sterling Thomas Allred
2. Address of Subject Property: _____
3. Parcel ID Number(s): 01-65-15-00490-006
4. Future Land Use Map Designation: _____
5. Zoning Designation: _____
6. Acreage: 10.82
7. Existing Use of Property: _____
8. Proposed Use of Property: _____
9. Proposed Temporary Use Requested: 12 month RV Permit 70981

B. APPLICANT INFORMATION

1. Applicant Status ☒ Owner (title holder) ☐ Agent
2. Name of Applicant(s): Alicia Sterling/Thomas Allred Title: _____
Company name (if applicable): _____
Mailing Address: 177 SW Brittany Gln
City: Lake City State: FL Zip: 32024
Telephone: (954) 552 2104 Fax: () Email: TOMRED911@gmail.com

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.

3. If the applicant is agent for the property owner*.
Property Owner Name (title holder): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: () Fax: () Email: _____

PLEASE NOTE: Florida has a very broad public records law. Most written communications to or from government officials regarding government business is subject to public records requests. Your e-mail address and communications may be subject to public disclosure.

***Must provide an executed Property Owner Affidavit Form authorizing the agent to act on behalf of the property owner.**

C. ADDITIONAL INFORMATION

1. Is there any additional contract for the sale of, or options to purchase, the subject property? If yes, list the names of all parties involved: _____ If yes, is the contract/option contingent or absolute: ☐ Contingent ☐ Absolute
2. Has a previous application been made on all or part of the subject property:
Future Land Use Map Amendment: ☐ Yes _____ ☐ No _____
Future Land Use Map Amendment Application No. CPA _____
Site Specific Amendment to the Official Zoning Atlas (Rezoning): ☐ Yes _____ ☐ No _____
Site Specific Amendment to the Official Zoning Atlas (Rezoning) Application No. Z _____
Variance: ☐ Yes _____ ☐ No _____
Variance Application No. V _____
Special Exception: ☐ Yes _____ ☐ No _____
Special Exception Application No. SE _____

CI. ATTACHMENT/SUBMITTAL REQUIREMENTS

Certain uses are of short duration and do not create excessive incompatibility during the course of the use. Therefore, the Land Development Regulation Administrator is authorized to issue temporary use permits for the following activities, after a showing that any nuisance or hazardous feature involved is suitably separated from adjacent uses; excessive vehicular traffic will not be generated on minor residential streets; and a vehicular parking problem will not be created:

1. In any zoning district: special events operated by non-profit, eleemosynary organizations.
2. In any zoning district: Christmas tree sales lots operated by non-profit, eleemosynary organizations.
3. In any zoning district: other uses which are similar to (1) and (2) above and which are of a temporary nature where the period of use will not extend beyond thirty (30) days.
4. In any zoning district: mobile homes or travel trailers used for temporary purposes by any agency of municipal, County, State, or Federal government; provided such uses shall not be or include a residential use.
5. In any zoning district: applications for placement of any mobile home or travel trailer used as a residence, temporary office, security shelter, or shelter for materials of goods incident to construction on or development of the premises upon which the mobile home or travel trailer is located, shall require that a residential building permit application and signed septic site plan approval and release be submitted concurrently with the temporary use permit application. Maximum electrical capacity for such temporary uses shall not exceed 100 amps. Such uses shall be strictly limited to the time construction or development is actively underway. In no event shall the use continue more than twelve (12) months unless extended by the Board of County Commissioners upon finding by the Board that construction has been underway and is continuing.

6. In agricultural, commercial, and industrial districts: temporary religious or revival activities in tents.
7. In agricultural districts: In addition to the principal residential dwelling, two (2) additional mobile homes may be used as an accessory residence, provided that such mobile homes are occupied by persons related by the grandparent, parent, step-parent, adopted parent, sibling, child, stepchild, adopted child or grandchild of the family occupying the principal residential use. Such mobile homes are exempt from lot area requirements. A temporary use permit for such mobile homes may be granted for a time period up to five (5) years. The permit is valid for occupancy of the specified family member as indicated on Family Relationship Affidavit and Agreement which shall be recorded in the Clerk of the Courts by the applicant.

The Family Relationship Affidavit and Agreement shall include but not be limited to:

- a. Specify the family member to reside in the additional mobile home;
- b. Length of time permit is valid;
- c. Site location of mobile home on property and compliance with all other conditions not conflicting with this section for permitting as set forth in these land development regulations. Mobile homes shall not be located within required yard setback areas and shall not be located within twenty (20) feet of any other building;
- d. Responsibility for non ad-valorem assessments;
- e. Inspection with right of entry onto the property by the County to verify compliance with this section. The Land Development Regulation Administrator, and other authorized representatives are hereby authorized to make such inspections and take such actions as may be required to enforce the provisions of this Section and;
- f. Shall be hooked up to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
- g. Recreational vehicles (RV's) as defined by these land development regulations are not allowed under this provision (see Section 14.10.2#10).
- h. Requirements upon expiration of permit. Unless extended as herein provided, once a permit expires the mobile home shall be removed from the property within six (6) months of the date of expiration.

The property owner may apply for one or more extensions for up to two (2) years by submitting a new application, appropriate fees and family relationship residence affidavit agreement to be approved by the Land Development Regulations administrator.

Previously approved temporary use permits would be eligible for extensions as amended in this section.

8. In shopping centers within Commercial Intensive districts only: mobile recycling collection units. These units shall operate only between the hours of 7:30 a.m. and 8:30 p.m. and shall be subject to the review of the Land Development Regulation Administrator. Application for permits shall include written confirmation of the permission of the shopping center owner and a site plan which includes distances from buildings, roads, and property lines. No permit shall be valid for more than thirty (30) days within a twelve (12) month period, and the mobile unit must not remain on site more than seven (7) consecutive days. Once the unit is moved off-site, it must be off-site for six (6) consecutive days.
9. In any zoning district: A temporary business, as defined within these Land Development Regulations. At least sixty (60) days prior to the commencement date of the temporary permit, the applicant shall submit an application to the County, which shall include the following information.
 - a. The name and permanent address or headquarters of the person applying for the permit;
 - b. If the applicant is not an individual, the names and addresses of the business;
 - c. The names and addresses of the person or persons which will be in direct charge of conducting the temporary business;
 - d. The dates and time within which the temporary business will be operated;
 - e. The legal description and street address where the temporary business will be located;
 - f. The name of the owner or owners of the property upon which the temporary business will be located;
 - g. A written agreement containing the permission from the owner of the property for its use for a temporary business must be attached to and made a part of the application for the permit;

- h. A site plan showing display areas, plans for access and egress of vehicular traffic, any moveable interim structures, tents, sign and banner location and legal description of the property must accompany the application for the temporary use permit; and
- i. A public liability insurance policy, written by a company authorized to do business in the State of Florida, insuring the applicant for the temporary permit against any and all claims and demands made by persons for injuries or damages received by reason of or arising out of operating the temporary business. The insurance policy shall provide for coverage of not less than one million dollars (\$1,000,000.00) for damages incurred or claims by more than one person for bodily injury and not less than two million dollars (\$2,000,000.00) for damages incurred or claims by more than one person for bodily injury and fifty thousand dollars (\$50,000.00) for damages to property for one person and one hundred thousand dollars (\$100,000.00) for damages to property claimed by more than one person. The original or duplicate of such policy, fully executed by the insurer, shall be attached to the application for the temporary permit, together with adequate evidence that the premiums have been paid.

The sales permitted for a temporary business, as defined with these land development regulations, including, but not limited to, promotional sales such as characterized by the so-called "sidewalk "sale", "vehicle sale", or "tent sale", shall not exceed three (3) consecutive calendar days.

There must be located upon the site upon which the temporary business shall be conducted public toilet facilities which comply with the State of Florida code, potable drinking water for the public, approved containers for disposing of waste and garbage and adequate light to illuminate the site at night time to avoid theft and vandalism.

If the application is for the sale of automobiles or vehicles, the applicant shall provide with the application a copy of a valid Florida Department of Motor Vehicle Dealers license and Department of Motor Vehicle permit to conduct an "offsite" sale. If any new vehicles are to be displayed on the site, a copy of the factory authorization to do so will be required to be filed with the application.

No activities, such as rides, entertainment, food, or beverage services shall be permitted on the site in conjunction with the operation of the temporary business.

Not more than one (1) sign shall be located within or upon the property for which the temporary permits is issued, and shall not exceed sixteen (16) square feet in surface area. No additional signs, flags, banners, balloons or other forms of visual advertising shall be permitted. The official name of the applicant and its permanent location and street address, together with its permanent telephone number, must be

posted on the site of the property for which the temporary permit is issued and shall be clearly visible to the public.

Any applicant granted a temporary permit under these provisions shall also comply with and abide by all other applicable federal, State of Florida, and County laws, rules and regulations.

Only one (1) tent, not to exceed three hundred fifty (350) square feet in size shall be permitted to be placed on the site of the temporary business and such tent, if any, shall be properly and adequately anchored and secured to the ground or to the floor of the tent.

No person or entity shall be issued more than one (1) temporary permit during each calendar year.

The temporary permit requested by an applicant shall be issued or denied within sixty (60) days following the date of the application therefore is filed with the Land Development Regulation Administrator.

10. In agriculture and environmentally sensitive area districts: a single recreational vehicle as described on permit for living, sleeping, or housekeeping purposes for one-hundred eighty (180) consecutive days from date that permit is issued, subject to the following conditions:
 - a. Demonstrate a permanent residence in another location.
 - b. Meet setback requirements.
 - c. Shall be hooked up to or have access to appropriate electrical service, potable well and sanitary sewer facilities (bathroom and septic tank) that have been installed pursuant to permits issued by the Health Department and County Building and Zoning Department, where required.
 - d. Maximum electrical capacity for such temporary uses shall not exceed 100 amps.
 - e. Upon expiration of the permit the recreational vehicle shall not remain on property parked or stored and shall be removed from the property for 180 consecutive days.
 - f. Temporary RV permits are renewable only after one (1) year from issuance date of any prior temporary permit.

Temporary RV permits existing at the effective date of this amendment may be renewed for one (1) additional temporary permit in compliance with the land development regulations, as amended. Recreational vehicles as permitted in this section are not to include RV parks.

Appropriate conditions and safeguards may include, but are not limited to, reasonable time limits within which the action for which temporary use permit is requested shall be begun or completed, or both. Violation of such conditions and safeguards, when made a part of the terms under which the special permit is granted, shall be deemed a violation of these land development regulations and punishable as provided in Article 15 of these land development regulations.


Additional Requirements for a complete application:

1. Legal Description with Tax Parcel Number.
2. Proof of Ownership (i.e. deed).
3. Agent Authorization Form (signed and notarized).
4. Proof of Payment of Taxes (can be obtained online via the Columbia County Tax Collector's Office).
5. Fee. The application fee for a Special Temporary Use Permit Application is based upon the Temporary Use requested. No application shall be accepted or processed until the required application fee has been paid.
 - a. For Items (1) through (6) above, the application fee is \$100.00
 - b. For Item (7) above, the application fee is \$450.00 or \$200.00 for a two year renewal
 - c. For Item (8) above, the application fee is \$250.00
 - d. For Item (9) above, the application fee is \$500.00 for temporary sales of motor vehicles or \$250.00 for non-seasonal good or general merchandise
 - e. For Item(10) above, the application fee is \$200

For submittal requirements, please see the Columbia County Building and Zoning Development Application Submittal Guidelines.

I hereby certify that all of the above statements and statements contained in any documents or plans submitted herewith are true and accurate to the best of my knowledge and belief.

Alicia Sterling
Applicant/Agent Name (Type or Print)


Applicant/Agent Signature

05.09.2025
Date

STATE OF FLORIDA
COUNTY OF COLUMBIA

SPECIAL TEMPORARY USE
LANDOWNER AFFIDAVIT

This is to certify that I, (We) _____
(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser)
as the owner of the below described property:

Property Tax Parcel ID number 60490-006

Subdivision (Name, Lot Block, Phase) _____

Give my permission for _____ to place the following on
this property. (Family Members Name)

Relationship to Lessee SELF
(Name of parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child, or grandchild)

- ☐ This is to allow a 2nd ☐ / 3rd ☐ (select one) Mobile Home on the above listed property for a family member through Columbia County's Special Temporary Use Provision. I understand that this is good for 5 years initially and renewable every 2 years thereafter.
- ☒ This is to allow a 6 month RV ☐ / 12 month RV ☒ (select one) on the above listed property through Columbia County's Special Temporary Use Provision.

I (We) understand that the named person(s) above will be allowed to receive a move-on permit for the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

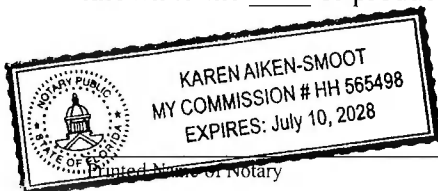
Alicia Sterling _____ 05.09.2025
Printed Name of Signor Signature Date

Printed Name of Signor Signature Date

Sworn to and subscribed before me this 9 day of May, 2025 by

☒ physical presence or _____ online notarization and this (these) person(s) are personally

known to me _____ or produced ID FL DL.



Notary Stamp

Karen Aiken-Smoot
Signature

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), ALICIA STERLING,
(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser)
as the owner of the below described property:

Property tax Parcel ID number 01-6s-15-00490-006

Subdivision (Name, Lot, Block, Phase) _____

Give my permission for Thomas Allred to place a
(Name of person authorized to sign as owner or place a structure)

Select one: ☐ Mobile Home ☒ Travel Trailer ☐ Utility Pole Only ☒ Single Family Home
☐ Barn ☐ Shed ☐ Garage ☐ Culvert ☐ Other (specify) _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Alicia Sterling

Printed Name of Signor

[Signature]
Signature

05.09.2025
Date

Printed Name of Signor

Signature

Date

Printed Name of Signor

Signature

Date

Sworn to and subscribed before me this 9th day of May, 2025 by

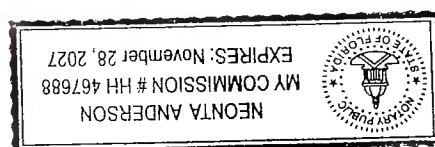
X physical presence or _____ online notarization and this (these) person(s) are personally

known to me _____ or produced ID FL DL.

[Signature]
Printed Name of Notary

[Signature]
Signature

Notary Stamp



Created 12/2023



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

PERMIT NO. 25-0251
DATE PAID: 2/14/25
FEE PAID: 228.00
RECEIPT #: 2198884

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Thomas & Alicia Allred EMAIL: info@bronsonseptic.com

AGENT: Bronson Septic Service TELEPHONE: 386-487-8007

MAILING ADDRESS: 13972 74th St. Live Oak FL 32060

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? NO

LOT: NA BLOCK: NA SUBDIVISION: NA PLATTED: _____

PROPERTY ID #: 01-6S-15-00490-006 ZONING: RES I/M OR EQUIVALENT: NO

PROPERTY SIZE: 10.82 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? NO DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: TBD SW ICHETUCKNEE AVE FORT WHITE, FL 32038

DIRECTIONS TO PROPERTY: Across the street from 5273 SW ICHETUCKNEE AVE FORT WHITE, FL 32038

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

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	RV	1	176	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Elliot Bronson DATE: 3/8/25



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

E-MAIL
Elliot 4/4/15

PERMIT #: 12-SC-3091427
APPLICATION #: AP2198884

DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____
DOCUMENT #: PR2236902

CONSTRUCTION PERMIT FOR: OSTDS New
APPLICANT: THOMAS**25-0251 ALLRED
PROPERTY ADDRESS: SW ITCHETUCKNEE Fort White, FL 32038
LOT: _____ BLOCK: _____ SUBDIVISION: _____
PROPERTY ID #: 00490-006 [SECTION, TOWNSHIP, RANGE, PARCEL NUMBER]
[OR TAX ID NUMBER]

SYSTEM MUST BE CONSTRUCTED IN ACCORDANCE WITH SPECIFICATIONS AND STANDARDS OF SECTION 381.0065, F.S., AND CHAPTER 64E-6, F.A.C. DEPARTMENT APPROVAL OF SYSTEM DOES NOT GUARANTEE SATISFACTORY PERFORMANCE FOR ANY SPECIFIC PERIOD OF TIME. ANY CHANGE IN MATERIAL FACTS, WHICH SERVED AS A BASIS FOR ISSUANCE OF THIS PERMIT, REQUIRE THE APPLICANT TO MODIFY THE PERMIT APPLICATION. SUCH MODIFICATIONS MAY RESULT IN THIS PERMIT BEING MADE NULL AND VOID. ISSUANCE OF THIS PERMIT DOES NOT EXEMPT THE APPLICANT FROM COMPLIANCE WITH OTHER FEDERAL, STATE, OR LOCAL PERMITTING REQUIRED FOR DEVELOPMENT OF THIS PROPERTY.

SYSTEM DESIGN AND SPECIFICATIONS

T [900] GALLONS / GPD New Multi-Chambered Septic CAPACITY
A [] GALLONS / GPD N/A CAPACITY
N [] GALLONS GREASE INTERCEPTOR CAPACITY [MAXIMUM CAPACITY SINGLE TANK:1250 GALLONS]
K [] GALLONS DOSING TANK CAPACITY [] GALLONS @ [] DOSES PER 24 HRS #Pumps []

D [375] SQUARE FEET Drainfield SYSTEM
R [] SQUARE FEET N/A SYSTEM
A TYPE SYSTEM: [x] STANDARD [] FILLED [] MOUND []
I CONFIGURATION: [x] TRENCH [] BED []

N
F LOCATION OF BENCHMARK: Nail in oak North of site
I ELEVATION OF PROPOSED SYSTEM SITE [18.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
E BOTTOM OF DRAINFIELD TO BE [30.00] [INCHES] FT [] ABOVE [] BELOW BENCHMARK/REFERENCE POINT
L
D FILL REQUIRED: [6.00] INCHES EXCAVATION REQUIRED: [] INCHES

O The system is sized for 1 bedrooms with a maximum occupancy of 2 persons (2 per bedroom), for a total estimated flow of 200 gpd.
T Install 3 bedroom septic for future house per Elliot Bronson, minimum required drainfield is 250sqft.
H
E
R

SPECIFICATIONS BY: Elliot L. Bronson TITLE: Owner
APPROVED BY: [Signature] TITLE: Environmental Specialist I Columbia CHD
DATE ISSUED: 03/28/2025 EXPIRATION DATE: 09/28/2026

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

ICK

State of Florida Department of Health
Application for Construction Permit
Part II Site Plan

Permit Application Number 25-0251

Applicant: Allred

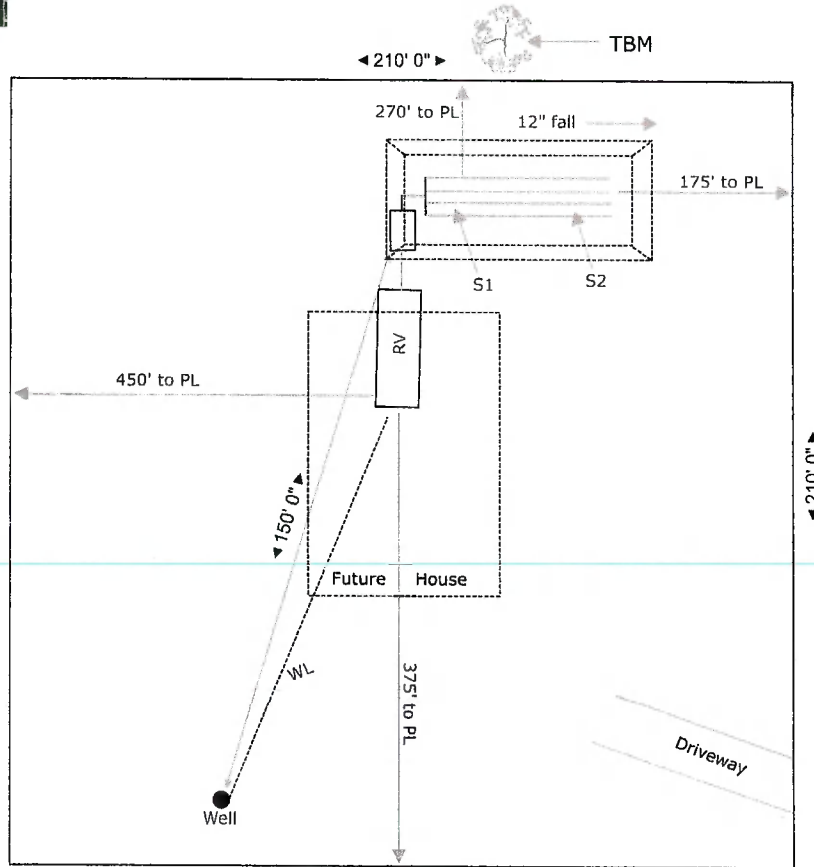


1AC of 10.82 AC



1"=40'

Driveway



Notes:

Site Plan Submitted BY:

Elliot Bronson

Elliot Bronson 23-1789

Plan Approved



Not Approved

Date 3/28/25

By

[Signature]

Columbia

County Health Department



State of Florida
Department of Environmental Protection
Onsite Sewage Treatment and Disposal System (OSTDS)

Construction Inspection and Final Approval

Permit No. **12-SC-3091427**
Date Paid _____
Fee Paid _____
Receipt # _____

Applicant: **Thomas & Alicia Allred**

Agent: **Bronson Septic Service** Email: **info@BronsonSeptic.com** Phone: **386-487-8007**

Property Address: **SW ICHETUCKNEE AVE FORT WHITE, FL 32038**

Lot: **NA** Block: **NA** Subdivision: **NA** Property ID #: **01-6S-15-00486-014**

Observation: IN (In compliance); OUT (Out of compliance); UN (Unobserved); NA (Not applicable)

Tank Installation		Setbacks	
IN	[01] Tank Size [1] 1050 [2] _____	NA	[27] Surface Water _____ ft
IN	[02] Tank Material: Conc	NA	[28] Ditches _____ ft
IN	[03] Outlet Device _____	IN	[29] Private Wells 200 _____ ft
IN	[04] Multi-Chambered Yes	NA	[30] Public Wells _____ ft
IN	[05] Outlet Filter Tuff-tite	NA	[31] Irrigation Wells _____ ft
IN	[06] Legend [1] 34-107-10D-C3 [2] _____	IN	[32] Potable Water Lines 20 _____ ft
IN	[07] Watertight _____	IN	[33] Building Foundation 10-RV _____ ft
IN	[08] Level _____	IN	[34] Property Lines 175 _____ ft
IN	[09] Depth to Lid _____	NA	[35] Other _____ ft
Drainfield Installation		Filled / Mound System	
IN	[10] Area [1] 509 [2] _____ sq. ft.	IN	[36] Drainfield Cover _____
IN	[11] Distribution Box <input type="checkbox"/> Header <input checked="" type="checkbox"/>	IN	[37] Shoulders _____
IN	[12] Number of Drainlines 4@11,11,11,12chambers	IN	[38] Slopes _____
IN	[13] Drainline Separation _____	IN	[39] Stabilization Hay & Seed
IN	[14] Drainline Slope _____	Additional Information	
IN	[15] Depth of Cover _____	NA	[40] Unobstructed Area _____
IN	[16] Elevation Below BM 30	NA	[41] Stormwater Runoff _____
IN	[17] Drainfield Location (sketch if OUT)	NA	[42] Alarms _____
NA	[18] Dosing Pumps _____	NA	[43] Supporting Documentation _____
NA	[19] Aggregate Size _____	NA	[44] Building Area _____
NA	[20] Aggregate Excessive Fines _____	IN	[45] System Location Conforms with Site Plan
NA	[21] Aggregate Depth _____	IN	[46] Final Site Grading _____
Fill / Excavation Material		IN	[47] Contractor Bronson Septic Service
NA	[22] Fill Amount _____	IN	[48] Alt. Drainfield Product Quick4 EQ 36 LP
NA	[23] Fill Texture _____	Abandonment / Soils Verification	
NA	[24] Excavation Depth _____	NA	[49] Tank Pumped _____ / _____ / _____
NA	[25] Area Replaced L _____ W _____	NA	[50] Tank Crushed & Filled or Removed _____ / _____ / _____
NA	[26] Replacement Material _____	IN	[] Soil Verification (document profile if OUT)

Explanation of Violations / Remarks:

☐ **Department Inspection:**

Construction Approved _____ Signature _____ Date: _____
Department Designee

☒ **Private Provider Inspection:**

Under penalty of law, I hereby certify that I have personally inspected the installation of this onsite sewage treatment and disposal system with the results indicated above and that I have no conflict of interest.

Additional Private Provider Inspections **will not be** required as indicated above.

Construction Approved _____ Signature **KEP** Date: **4/27/2025**
Authorization Type & Number **CEHP 23-2135**

For Department Use Only. Final Installation approval not valid without Department signature.

Final Installation [Approved / Disapproved]: _____ Signature _____ Date: _____
Department Designee