



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

PERMIT NO. 22-0715
DATE PAID: 8/18/22
FEE PAID: 100.00
RECEIPT #: 1875475

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Cheryl Neumann EMAIL: cherylneumann@comcast.net

AGENT: Cheryl Neumann TELEPHONE: 352 275-8205

MAILING ADDRESS: 448 SW Lime Way 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: 23 BLOCK: SUBDIVISION: Arrow Wood PLATTED:

PROPERTY ID #: 36-68-16-04096-013 ZONING: I/M OR EQUIVALENT: ☐ Y ☐ N

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

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

PROPERTY ADDRESS: 378 SW Lime Way Ft White FL 32038

DIRECTIONS TO PROPERTY:

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>MH</u>	<u>3</u>	<u>1484</u>	
2				
3				
4				

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Cheryl Neumann DATE: 08/18/22

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

Incorporated 62-6.004, FAC


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0715

PART II - SITEPLAN

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

 **E-MAILED**
Owner

See
Attached

Notes:

Site Plan submitted by:

Chf Neumann

Owner

Plan Approved

Not Approved

Date 8/25/22

By

County Health Department

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.

OSTDS Application for
Construction (New
System)

Page # 3

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number

~~87 499~~

22-0715

Rotate Left 90°

Rotate Right 90°

Rotate 180°

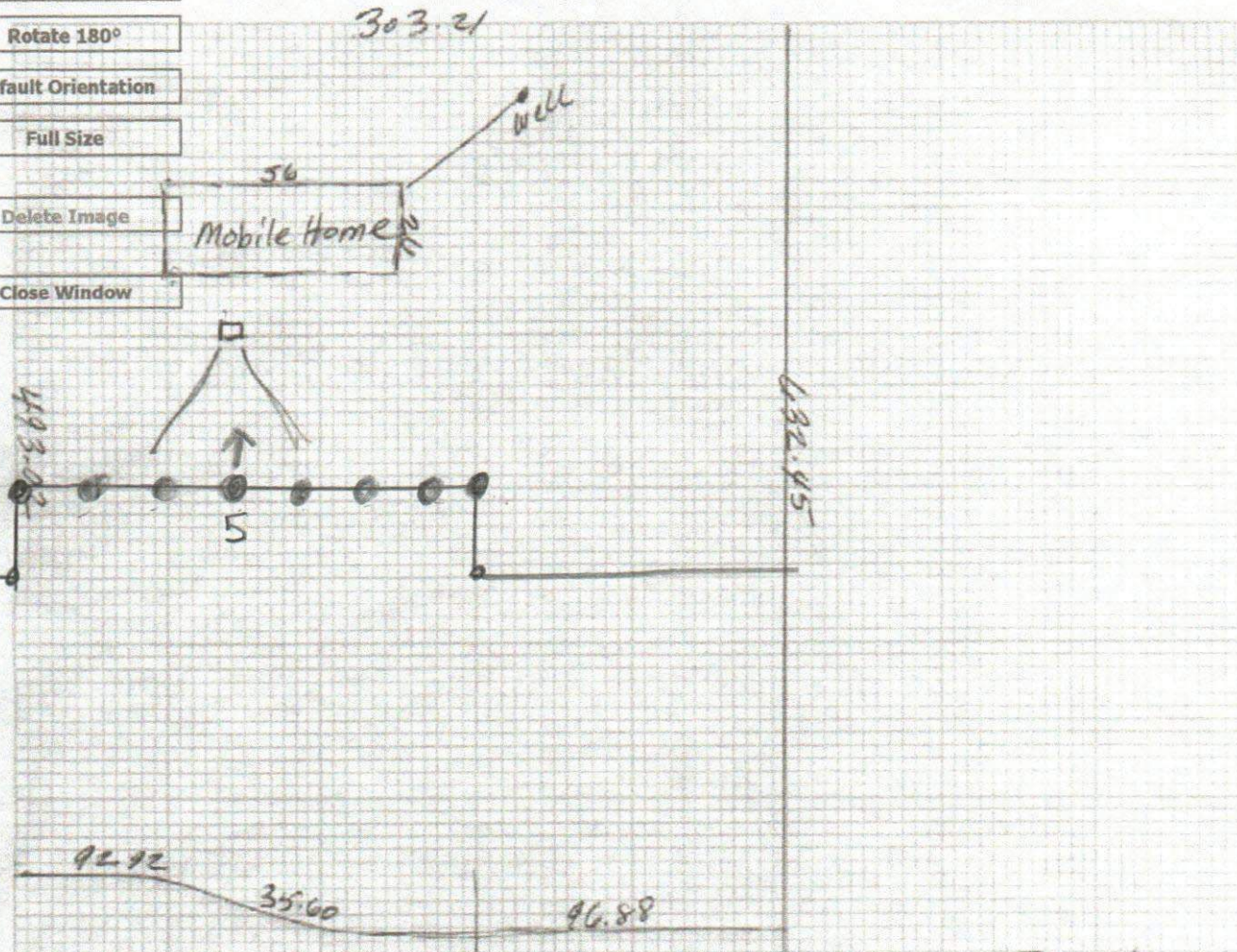
Default Orientation

Full Size

Delete Image

Close Window

PART II - SITE PLAN



Notes:

OWNER - Robert ~~Mc~~ Bryant

Type Dev - 3 BR MH

AGENT - Same

Site Plan submitted by:

SIGNATURE

TITLE

Plan Approved

Not Approved

Date 4/2/09

By

R.P. Lapp

Columbia

County Public Unit

ALL CHANGES MUST BE APPROVED BY THE COUNTY PUBLIC HEALTH UNIT

HRS-411 Form 4015, Feb 95 (Obsoletes previous editions which may not be used)
(Block Number: 5744-002-4015-B)

Page 2 of 3