



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

PERMIT NO. 24-0901
DATE PAID: 12/11/24
FEE PAID: 200.00
RECEIPT #: 2182023

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Clayton Walker EMAIL: C.n.walker@outlook.com

AGENT: Susan L. Frazee TELEPHONE: (386) 292-6722

MAILING ADDRESS: 346 NW Ivy Gl., 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

OSTDS REMEDIATION PLAN? ☐ Y / ☐ N

LOT: 29, 30, 31 BLOCK: 1 E 2 E W 1/2 of Block 3 SUBDIVISION: Concord Villa PLATTED:

PROPERTY ID #: 16-45-17-08389-004 ZONING: I/M OR EQUIVALENT: ☐ Y / ☐ N

PROPERTY SIZE: 3.46 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: 1148 SE CR 252, Lake City, FL 32025

DIRECTIONS TO PROPERTY: US 41 S to US 41 S - left on CR 252
1.1 miles - on right

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 swim pool</u>		<u>300 sqft</u>	<u>Orig Attached</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Susan L. Frazee DATE: 12/11/2024

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

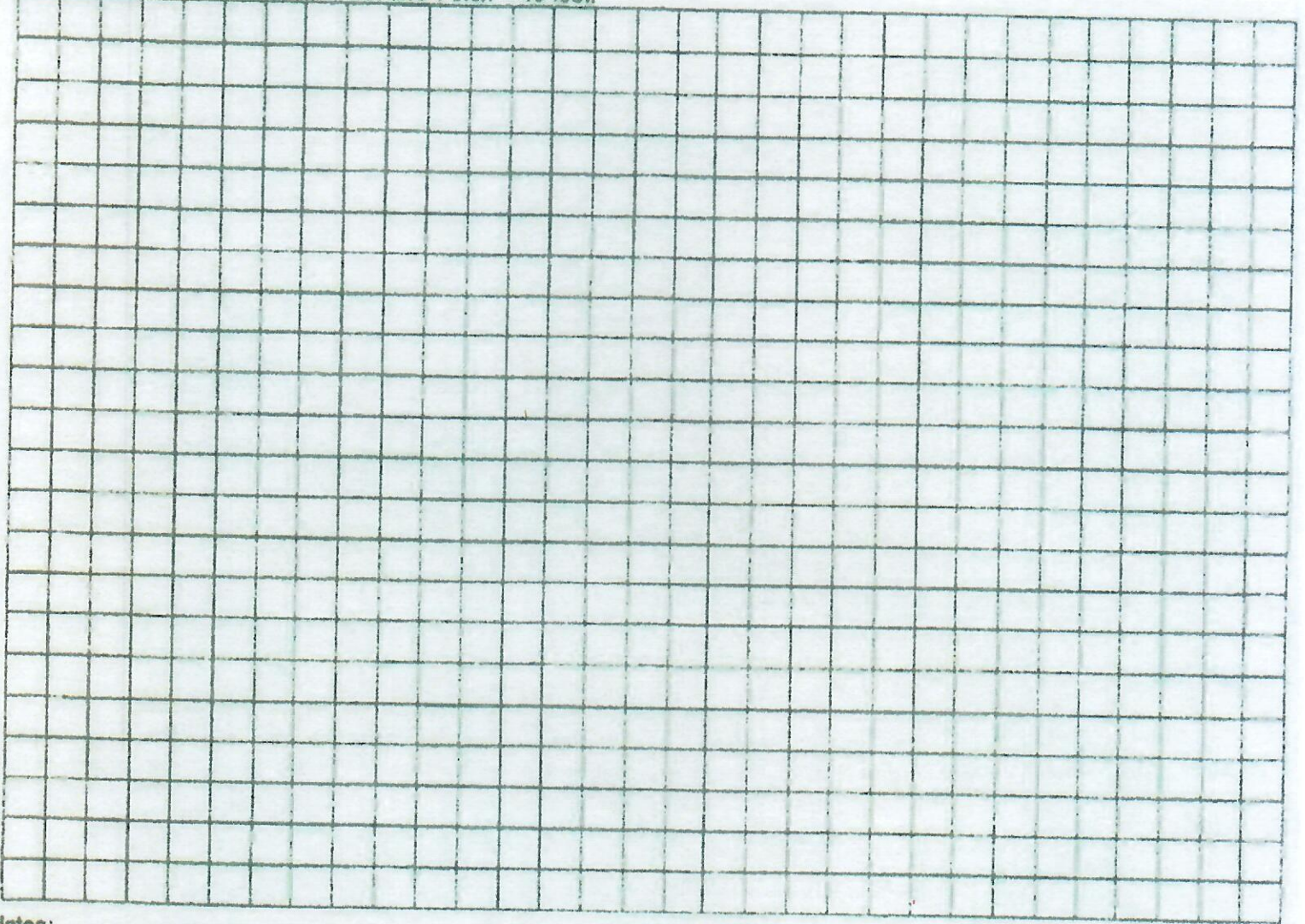
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0987

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

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



Notes: _____

See attached

Site Plan submitted by:

Susan L. Fray

12/11/2024

Plan Approved _____

Not Approved _____

Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Walker - Parcel #16-45-17-08389-004

