



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

PERMIT NO. 24-2099
DATE PAID: 2/1/24
FEE PAID: 200.00
RECEIPT #: 2037208

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: John Jenkins EMAIL: hoggy11@gmail.com

AGENT: Same TELEPHONE: (405) 637-2230

MAILING ADDRESS: 375 S.W. Quail Pl. 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: 14 BLOCK: _____ SUBDIVISION: Columbia Acres PLATTED: _____

PROPERTY ID #: 18-75-17-10012-014 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 5.16 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: 375 S.W. Quail Pl. Ft. White, FL 32038

DIRECTIONS TO PROPERTY: US 441 S. to C.R. 778 - 2 miles to Fortune Way - 1/4 mile to Quail Pl. - 1/4 mile to 375 Quail Pl.

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>Storage/Garage</u>	<u>NA</u>	<u>1500</u>	<u>Orig attached</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: John Jenkins DATE: 2/1/24

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

Incorporated 62-6.004, FAC

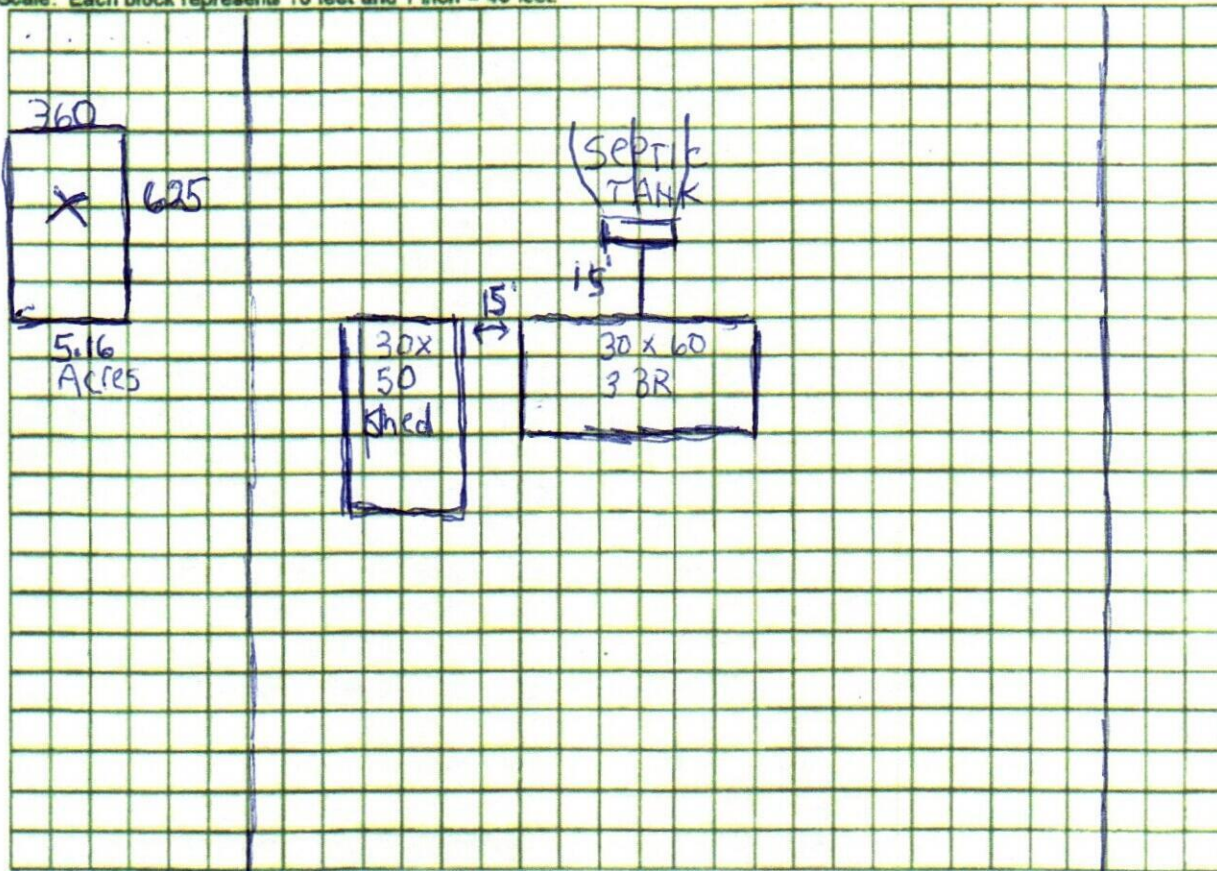
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Permit Application Number

24-0099

PART II - SITEPLAN

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



Notes:

Site Plan submitted by: John Jenkins John Jenkins 2/1/24
Plan Approved: Sallie Ford Not Approved: Date: 2-9-24
By: Sallie Ford EHV Health Director County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT