



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

PERMIT NO. 25-0687
DATE PAID: 8/29/25
FEE PAID: 25.00
RECEIPT #: 2246320

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary _____

APPLICANT: Heather Howell EMAIL: HeatherJHowell@gmail.com

AGENT: N/A TELEPHONE: (352)339-8100

MAILING ADDRESS: 1918 SW Skyline Loop Fort 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: 45 BLOCK: _____ SUBDIVISION: Cardinal Farms PLATTED: _____

PROPERTY ID #: 10-6S-16-03815-145 ZONING: Rese I/M OR EQUIVALENT: Y / N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: PRIVATE PUBLIC] <= 2000GPD] > 2000GPD

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

PROPERTY ADDRESS: 1918 SW Skyline Loop Fort White, FL 32038

DIRECTIONS TO PROPERTY: 75 to 47 - turn (B) toward Ft. White - approx 12 mi down 47 (L) on SW Herlong - (B) on Skyline Loop - first driveway on (L) (2 mailboxes and a black horse gate)

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	Single Fam. Res.	1	494 sqft	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

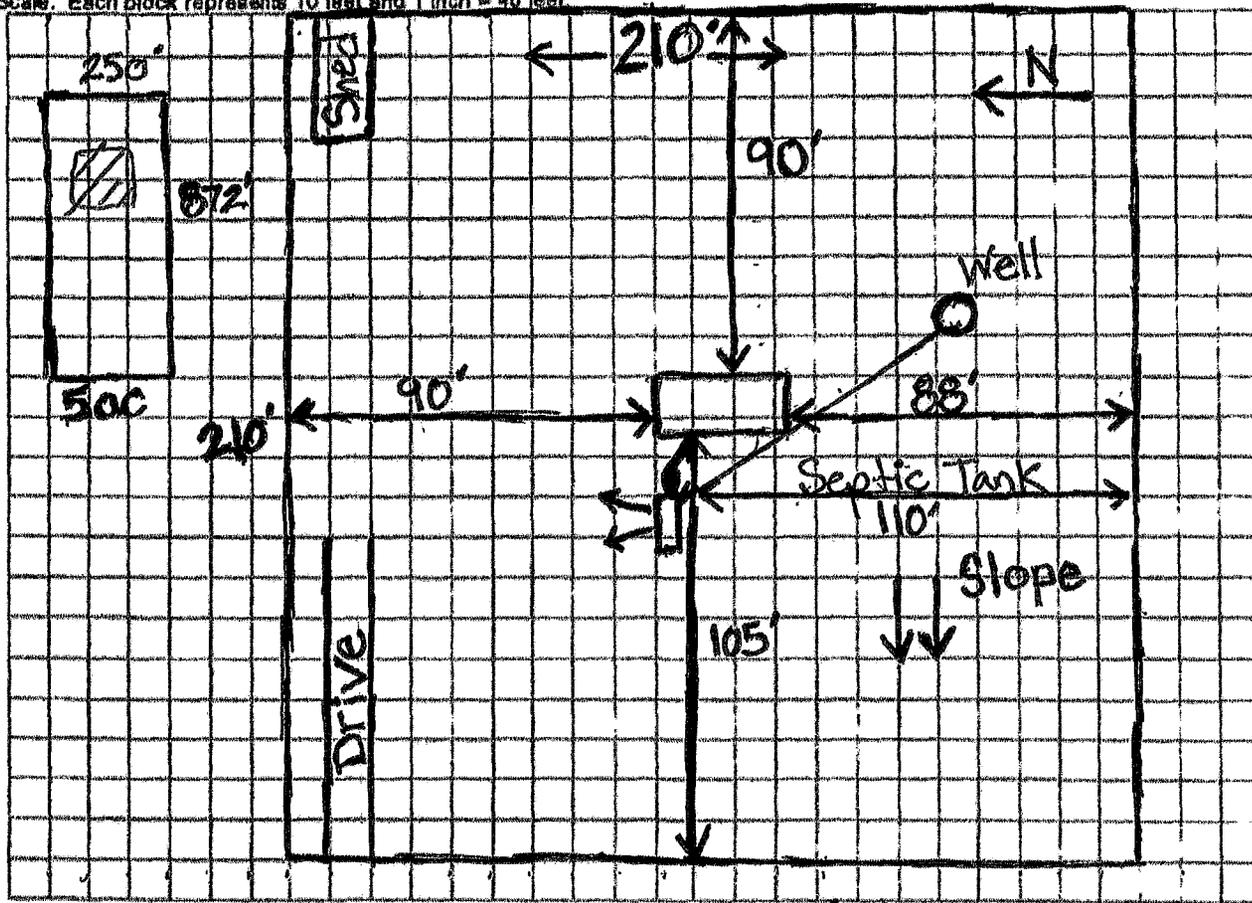
SIGNATURE: Heather Howell DATE: 08/29/25

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Permit Application Number 25-0286

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

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



Notes: _____

1 AC OF 5

See Attached

Site Plan submitted by: _____

Plan Approved _____

Not Approved _____

Date 9/2/25

By _____

Columbia

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.

