



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

PERMIT NO. 25-0459
DATE PAID: 5/21/15
FEE PAID: 185.00
RECEIPT #: 2221407

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[x] Repair [] Abandonment [] Temporary [x] MOD

APPLICANT: TAMMY BERRY EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025

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: 3 BLOCK: B SUBDIVISION: CHADWORTH PLATTED: 1985

PROPERTY ID #: 14-3S-16-02123-013 ZONING: MH I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1.561 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 400 NW OGLETHORPE TER, LAKE CITY FL

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[x] RESIDENTIAL

[] COMMERCIAL

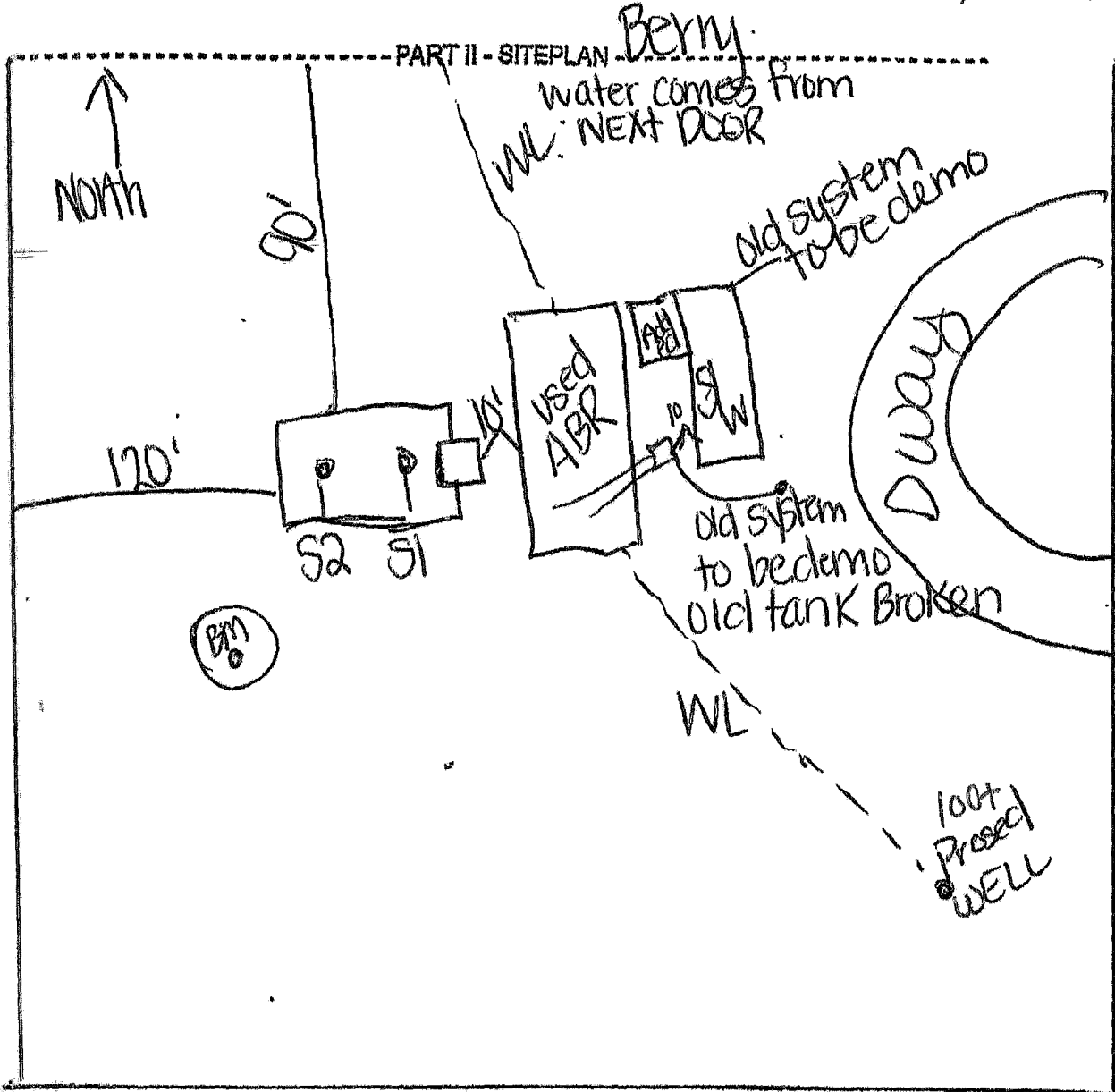
Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	MH (Used)	4	2016	
2	MH (old)	2	912	Org attached
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: Robert Ford III DATE: 5/20/15

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Permit Application Number 25-0452



Notes:

Site Plan submitted by: Robert Ford 0000 5/20/25

Plan Approved ✓ Not Approved _____ Date 5/27/25
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT