



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

PERMIT NO. 24 DATE PAID: FEE PAID: RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [X] New System [] Existing S [] Repair [] Abandonmen	System [] Holding Tank [] Innovative
APPLICANT: VVIIIIAM and Rosetta Higman rowdman_2000@yahoo.com	
Edward Rensberger CEHP 23-0608 TELEPHONE: 904-769-6132	
MAILING ADDRESS: 20056 NW State Road 16, Starke, FL 32091	
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: NA BLOCK: NA SUBDIVISION: Metes and Bounds PLATTED:	
PROPERTY ID #: 34-6S-17-09850-001 ZONING: AG I/M OR EQUIVALENT: [Y/W]	
PROPERTY SIZE: 80 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC []<=2000GPD []>2000GPD	
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y/W]] DISTANCE TO SEWER: FT	
PROPERTY ADDRESS: 813 SE Bible Camp Street, High Springs, FL 32643	
DIRECTIONS TO PROPERTY: US 441 South left SE Sprite Loop left	
SE Bible Camp Street on left	
- 2 2 15 15 Gamp Greet of tel	
BUILDING INFORMATION [x] RES	SIDENTIAL [] COMMERCIAL
Unit Type of No. of No. Establishment Bedrooms	
₁ Barn NA	2,400 40 sqft bathroom
2	
3	
4	
[] Floor/Equipment Drains [] Other (Specify)	
SIGNATURE: Electron Running CENO 27-3509 DATE: 07/24/2024	
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

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Permit Application Number 34-7 ---- PART II - SITEPLAN -----Scale: Each block represents 10 feet and 1 inch = 40 feet. Slas 210 Su Attnal Votes: CEMP 23-060 & Site Plan submitted by:_ ⊃lan Approved Not Approved____ Date 8117/24 Зу____ ___County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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