



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

PERMIT NO. 26-0094  
DATE PAID: 1/22/24  
FEE PAID: 600.00  
RECEIPT #: 2286577

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System     Existing System     Holding Tank     Innovative  
 Repair     Abandonment     Temporary   

APPLICANT: Markie Hunter    EMAIL: markie.hunter@outlook.com

AGENT: \_\_\_\_\_    TELEPHONE: 386-365-3356

MAILING ADDRESS: 632 SW Ridge St Lake City, FL 32024

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: 18    BLOCK: \_\_\_\_\_    SUBDIVISION: Oak Ridge Estates    PLATTED: \_\_\_\_\_

PROPERTY ID #: 25-45-16-03155-118    ZONING: \_\_\_\_\_    I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 4.1 ACRES    WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 632 SW Ridge St Lake City, FL 32024

DIRECTIONS TO PROPERTY: \_\_\_\_\_

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>Detached Accessory</u>	<u>0</u>	<u>1500</u>	
2				
3				<input type="checkbox"/>
4				

[ ] Floor/Equipment Drains    [ ] Other (Specify) \_\_\_\_\_

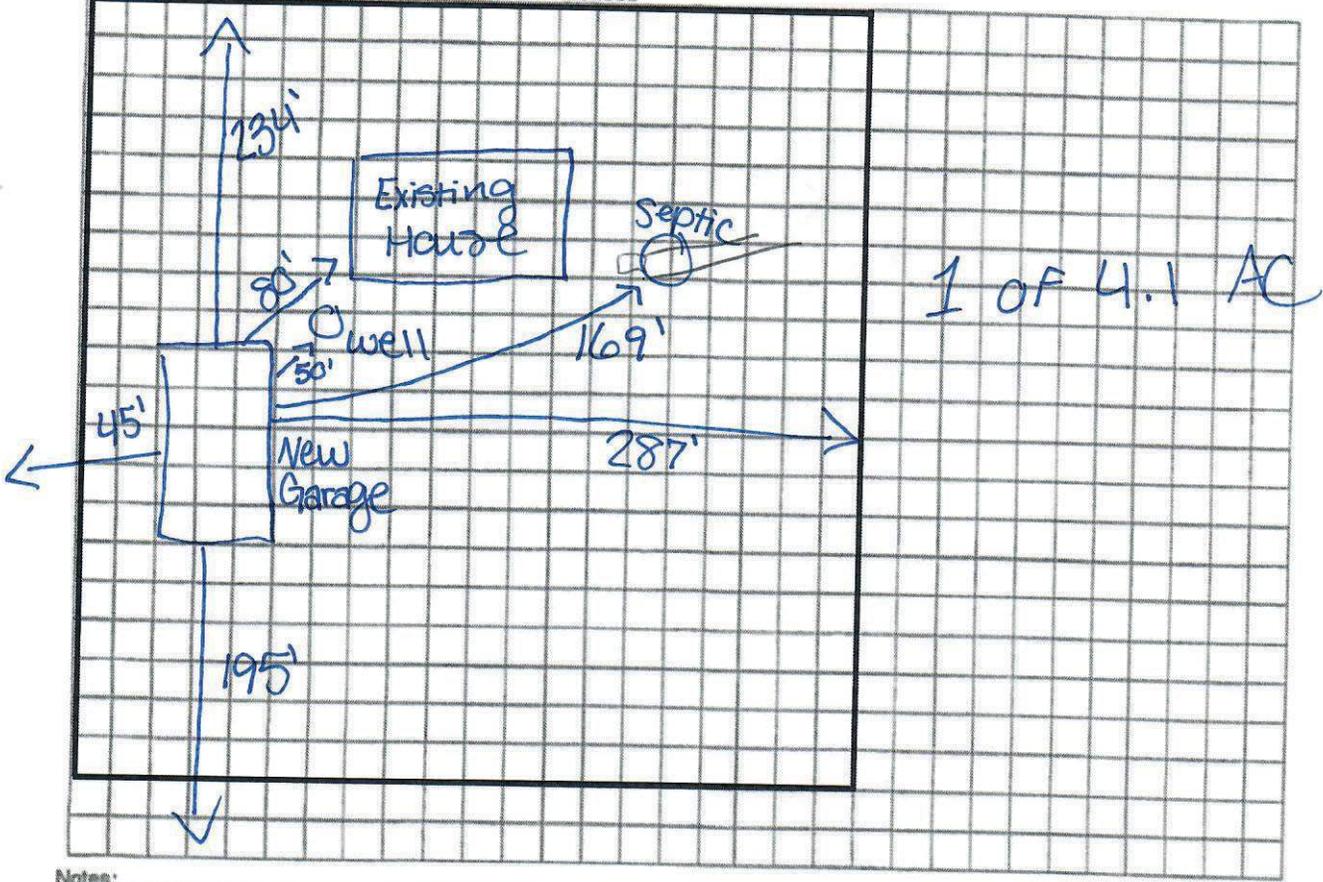
SIGNATURE: Markie Hunter    DATE: 1/15/24

STATE OF FLORIDA  
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0044

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

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



Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: [Signature]

Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 4/23/26

By [Signature] 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.