

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

DATE PAID: FEE PAID: RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
New System [] Existing System [] Holding Tank [] Innovative [] Repair [] Abandonment [] Temporary []
APPLICANT: Russell DeCaid 16 EMAIL: (Joeg id 10 @ geral, com
AGENT:
MAILING ADDRESS: 42 NW SAMME CT, LC FL 32055
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: BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: 62/25-604 ZONING: I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 4. ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <= 2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT
PROPERTY ADDRESS: 142 NW SAMME CT LC FL 32055
DIRECTIONS TO PROPERTY: 41 N to NW MOSTERD, Left on NW
Moore about 2.5 Miles to NW SAMME CT
BUILDING INFORMATION [RESIDENTIAL [] COMMERCIAL
Unit Type of No. of Building Commercial/Institutional System Design No. Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1 storage 60g & 936 Buildin 1969 there is no original sor
2
3
4
[] Floor/Equipment/Drains ([A Other (Specify))
SIGNATURE: MAN JUH AM DATE: 4-29-24
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

Scale: Each block represents, 10 feet and 1 inch = 40 feet. 1 Dwell AGrae Notes: Proposed hout wof Site Plan submitted by: Plan Approved Not Approved Celumbic County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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