



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

PERMIT NO. 25-0411
DATE PAID: 11/21/25
FEE PAID: 60.00
RECEIPT #: 2270424

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: John Sweet

EMAIL: provisionpermitting@gmail.com

AGENT: Sorap North 863-517-5701

TELEPHONE: _____

MAILING ADDRESS: 847 NE Colvin Ave Lake City 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: 12 BLOCK: _____ SUBDIVISION: Meadows West Est PLATTED: _____

PROPERTY ID #: 31-55-17-09465-022 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☐ N

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 1014 SW Galilee Loop Lake City 32024

DIRECTIONS TO PROPERTY: L on US-441 S, L on US-441 S,
R on SW Tustenuggee Ave, R on Galilee
Loop, property on R

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
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1	mobile home	3	1473	
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2	Replacing old mH	3	924	
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3				
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4				
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☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Sorap North

DATE: 11/19/25

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

STATE OF FLORIDA
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----- PART II - SITEPLAN -----

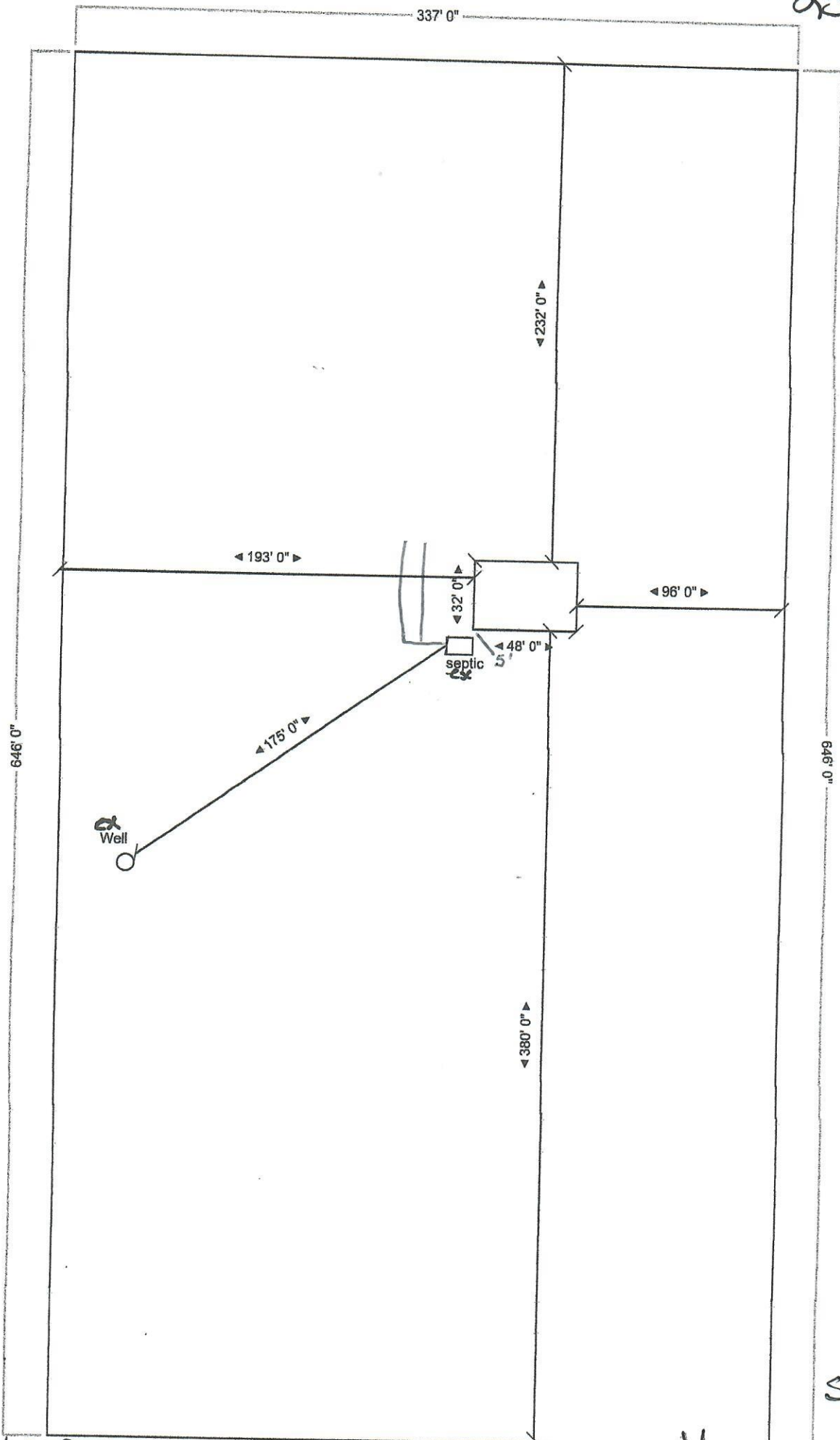
Scale: Each block represents 10 feet and 1 inch = 40 feet.

Notes: (See attached)

Site Plan submitted by: Southern North
Plan Approved ☒ Not Approved ☐ Date 12/11/25
By [Signature] Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

25-0911



Santa
North
Hill