



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

* Locked gate - must schedule
w/ customer

PERMIT NO. 23-0764
DATE PAID: 10/30/23
FEE PAID: 2008.54
RECEIPT #: 2008514

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Rick Coulombe/Sandra EMAIL: provisionpermitting@gmail.com

AGENT: Song North 863-517-5701 TELEPHONE: _____

MAILING ADDRESS: 3827 SW Birley Ave 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) (a) 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 #: 17-48-16-03051-008 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.01 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 3827 SW Birley Ave Lake City FL 32024

DIRECTIONS TO PROPERTY: R on US-90 W, L on 247 S, R on CR 242 A, R on SW Birley, 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
1	<u>mobile home</u>	<u>3</u>	<u>1568</u>	<u>site built burnt down being replaced w/ mobile home</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Song North DATE: _____

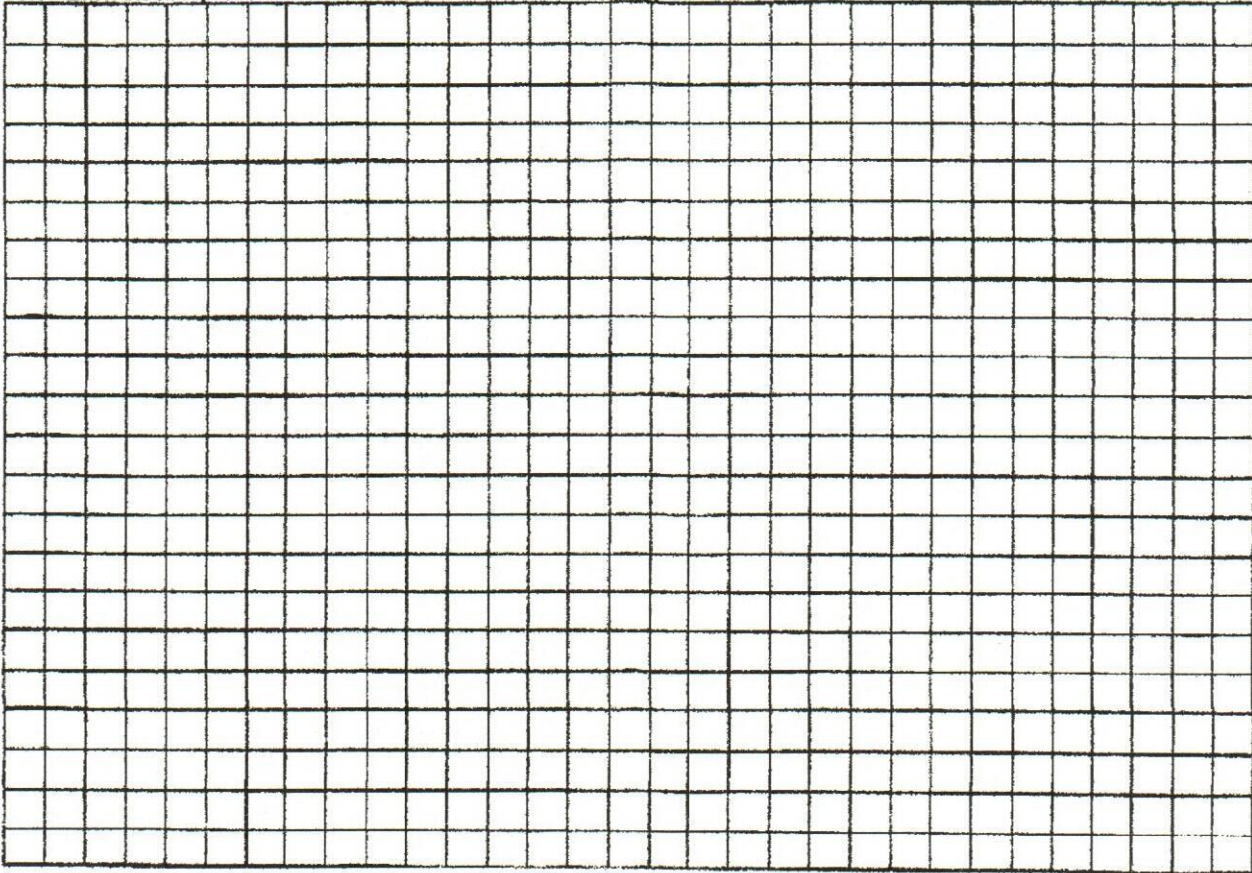
STATE OF FLORIDA
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Permit Application Number

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

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



Notes: _____

Site Plan submitted by: _____

Sara Smith

Plan Approved _____

Not Approved _____

Date 11/3/23

By _____

[Signature]

ES2

Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

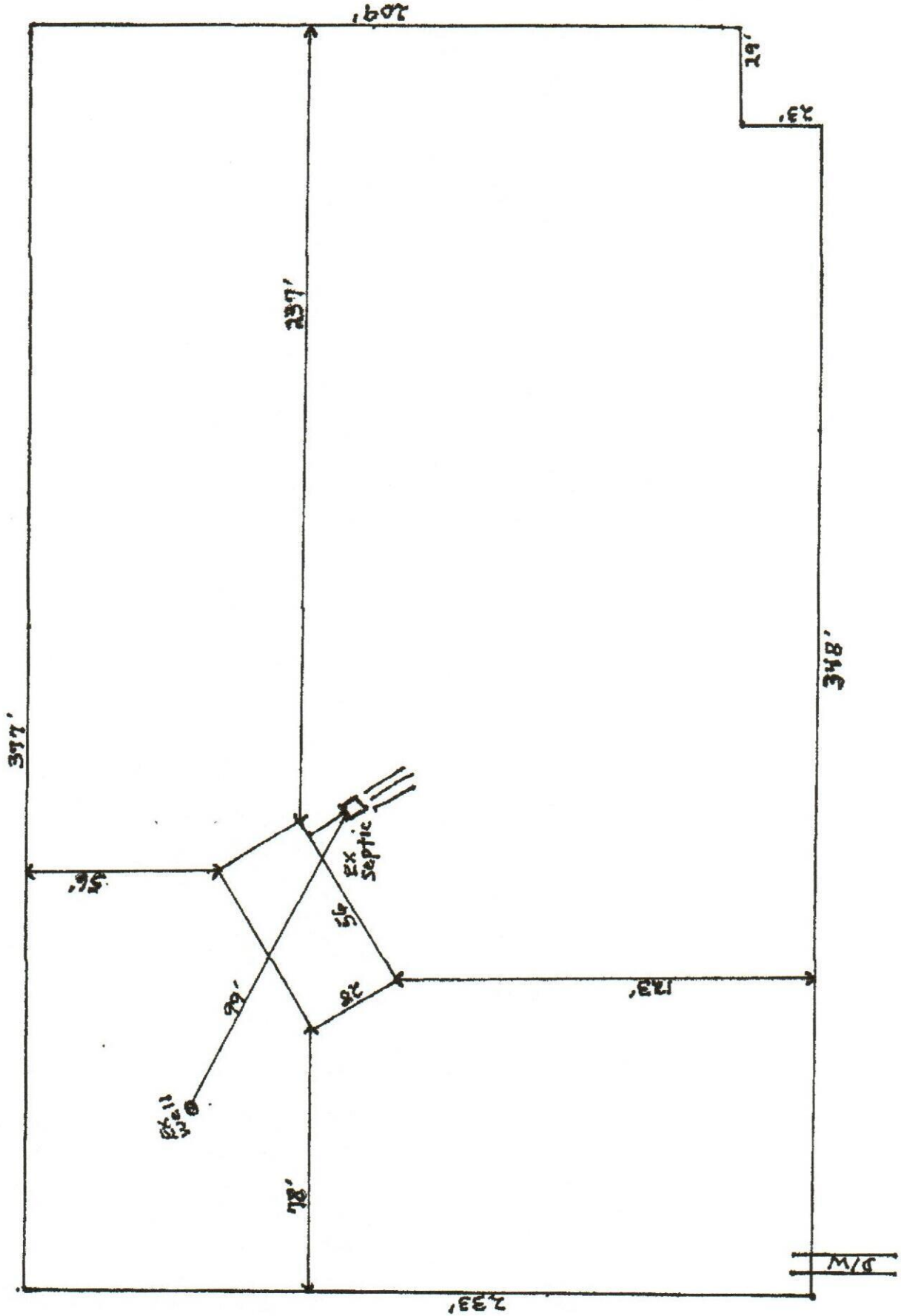
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated: 62-6.004, F.A.C.

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1" = 40'



Coulombe

9W Birley Ave