



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 28-0494
DATE PAID: 12/11/20
FEE PAID: 71606798
RECEIPT #: 100.80

APPLICATION FOR:

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

APPLICANT:

Carolyn Castagna

AGENT:

Susan L. Frazee

TELEPHONE: (386) 292-6722

MAILING ADDRESS:

346 NW Ivy Glen, 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

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 31-35-16-02415-000 ZONING: _____ I/M OR EQUIVALENT: ☐ Y / ☐ N]

PROPERTY SIZE: 21.55 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 557 SW Hunter Rd, Lake City, FL 32024

DIRECTIONS TO PROPERTY: 90W → 4.5 mi. - continue 3.1 miles
left onto Hunter Rd. 0.2 miles

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC

1	<u>inground</u>			
2	<u>subm. pool</u>			
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

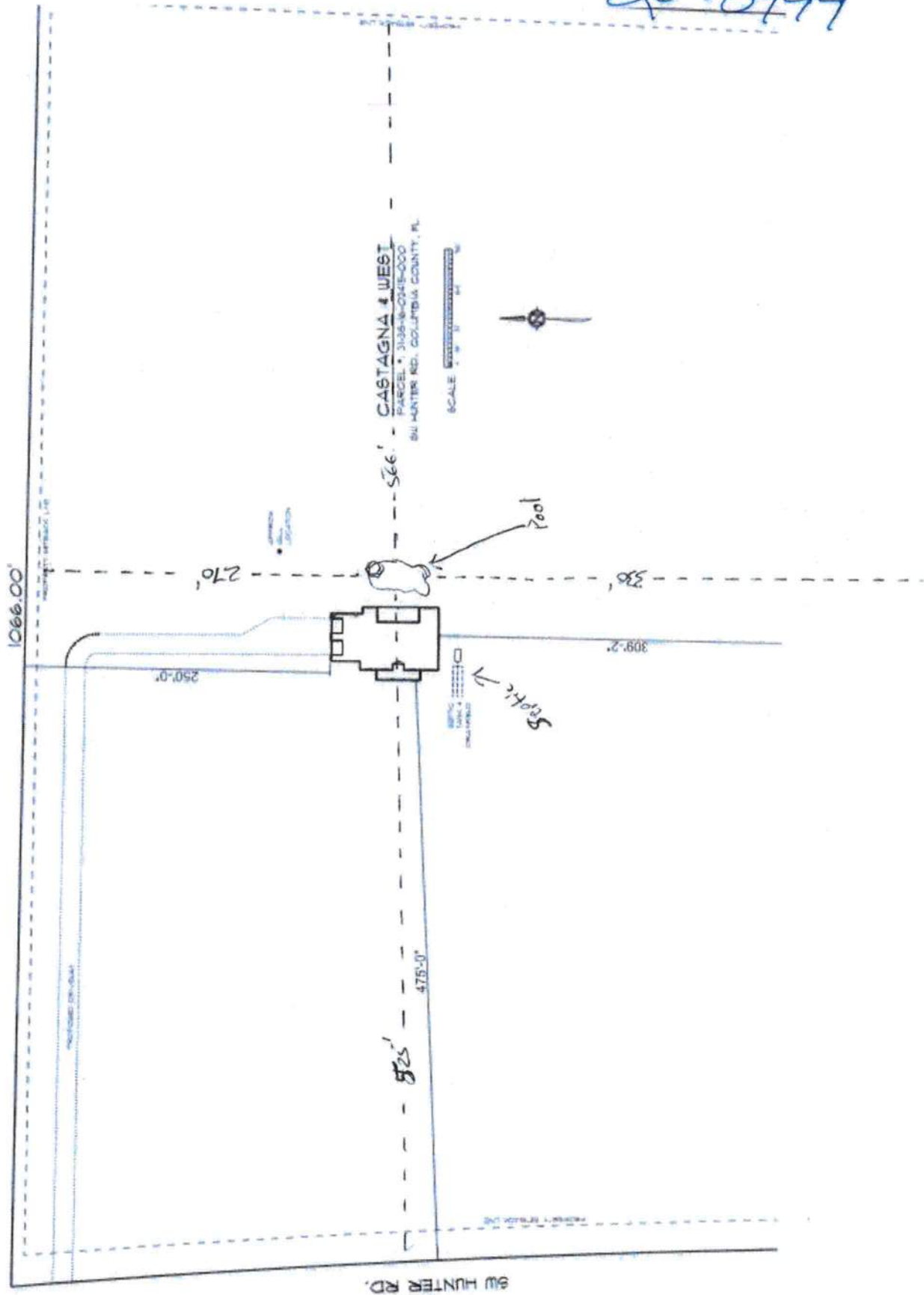
SIGNATURE:

Susan L. Frazee

DATE: 12/8/2020

47936

From: isaiah.cully@castagnaandwest.com
Subject: Castagna & West - Site Plan.pdf
Date: December 8, 2020 at 12:56 PM
To: Randy Frazee randy.frazee@castagnaandwest.com



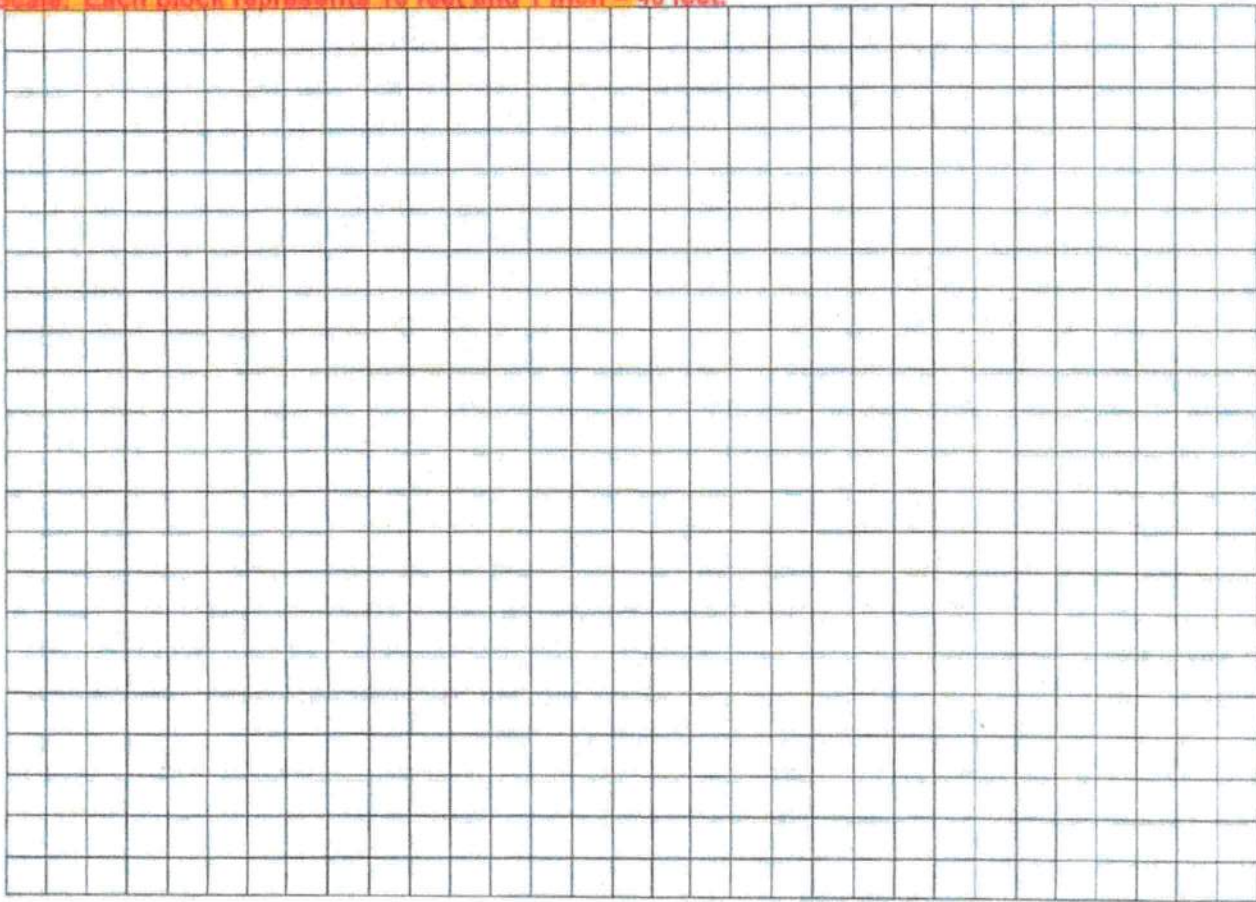
20-0999

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Permit Application Number 20-8994

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

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



Notes: See Attached

Site Plan submitted by: Susan L. Jagg Agent: ☒ Owner: ☐

Date: 12/8/2020

Plan Approved ☒ Not Approved ☐

Date: 12/14/20

By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT