

Incorporated 62-6.004, FAC

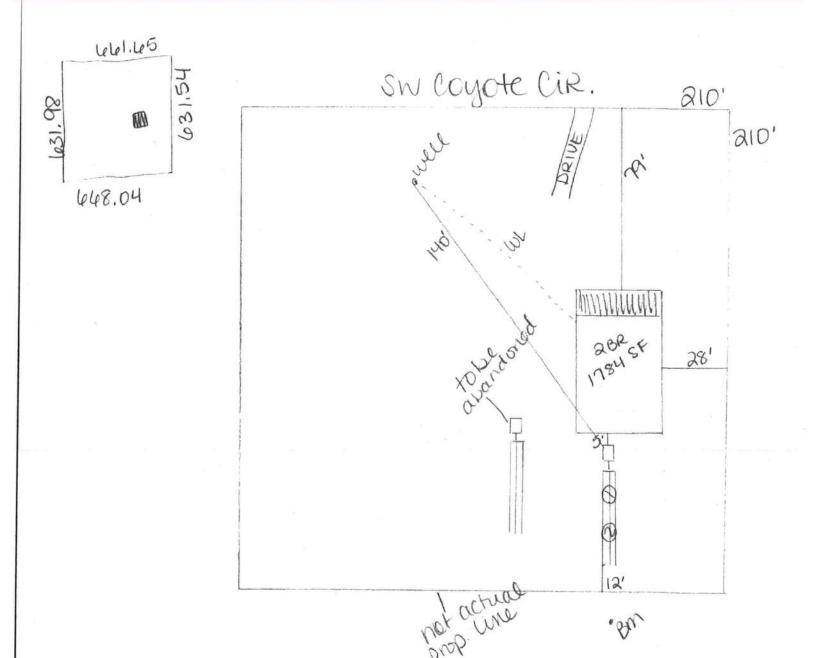
## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM (OSTDS)

Page 1 of 4

| APPLICATION FOR CONSTRUCTION PERMIT   |
|---|
| APPLICATION FOR:  [ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative [ X ] Repair [ ] Abandonment [ ] Temporary [ ]   |
| ADPLICANT: 3194 ISAbella BIVO, LIC EMAIL: YOCKY FORDO   |
| AGENT: A&B CONSTRUCTION WINDSTREAM. Net TELEPHONE: 386-497-23   |
| MAILING ADDRESS: 544 SW DORTCH St, F4. White, FL. 32038   |
| 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: 2 BLOCK: NA SUBDIVISION: JR. DICKS Tract PLATTED:  |
| PROPERTY ID #:30-55-16-03738-020NING: I/M OR EQUIVALENT: [ Y / N ]  |
| PROPERTY SIZE: 10.14 ACRES WATER SUPPLY: [ X PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD  |
| IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / (N)] DISTANCE TO SEWER: A   |
| PROPERTY ADDRESS: 272 SW Coyote Cir, Ft. White FL.  |
| DIRECTIONS TO PROPERTY: TR byto FL-478, IR 640 SW   |
| Watson St, TL to stay on SW Watson St, TL onto  |
| Drew Flagle Rd, TR onto Coyote Cir.   |
| 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 SFRESIDENTIAL 2 1784  |
| 2   |
| 3   |
| 4   |
| [ ] Floor/Equipment Drains [ ] Other (Specify)  |
| SIGNATURE: Willin 1. Biolog III DATE: 10-27-22  |
| DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  |

3694 Isabella BIVd LLC 1in=40f4. 10-27-22

M



Willia O. Bishop I

\*

## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

|                           | NY ALITHUR                       | Permit Application Number | 20-089                   |
|---------------------------|----------------------------------|---------------------------|--------------------------|
| 3694 Isabe                | Ma BIVA LLC PART II - SITEPLAI   | N.                        |                          |
|                           |                                  | N                         |                          |
| cale: Each block represen | ts 10 feet and 1 inch = 40 feet. |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  | ++++++                    |                          |
|                           |                                  |                           | +++++                    |
|                           | TINLH                            | ++++++                    |                          |
|                           |                                  |                           | + + - + - + -            |
|                           |                                  | <del></del>               |                          |
| + + + + + +               |                                  |                           |                          |
|                           |                                  | MUATI                     |                          |
|                           |                                  | MITTER                    |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
| <del></del>               |                                  | +++++++                   |                          |
|                           |                                  |                           |                          |
| tes:                      |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  |                           |                          |
|                           |                                  | tian.                     | s.'                      |
| e Plan submitted by:      | William D. Bishap II             | ma                        | ster contract            |
| n Approved                | Not Approved_                    |                           |                          |
|                           |                                  |                           | Date                     |
|                           | - ( ) 1                          | =52 (slambic)             | County Health Department |

## ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

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