

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

PERMIT NO. 25-083/
DATE PAID: 10/04/25
FEE PAID: 560.00
RECEIPT #: 2274274

2019219

| APPLICATION | FOR CONSTRUCTION | PERMIT | |
|--|--|--|--|
| | xisting System bandonment | | |
| AGENT: Song N | orth 843. | 517-570) TELEI | PHONE: 386-365-7690 |
| MAILING ADDRESS: | Sw Cottag | g GIA la | ke City F1 32024 |
| TO BE COMPLETED BY APPLICANT BY A PERSON LICENSED PURSUAN APPLICANT'S RESPONSIBILITY T PLATTED (MM/DD/YY) IF REQUES | T TO 489.105(3)(m) O PROVIDE DOCUMENTAT | R 489.552, FLORIDA ION OF THE DATE THE | STATUTES. IT IS THE LOT WAS CREATED OR |
| PROPERTY INFORMATION | ana anaka anga kanda alaha anaka anaka anga annay anan dang anna annay anna annay anna annay anna annay anna a | OSTDS REM | EDIATION PLAN? [Y / N] |
| LOT: 3 BLOCK: su | BDIVISION: Bisur | - Estates | PLATTED: |
| PROPERTY ID #: 14-25-14- | 01608-103 zonin | G: I/M OR I | EQUIVALENT: [Y / N] |
| PROPERTY SIZE: ACRES W | ATER SUPPLY: [] PR | IVATE PUBLIC [] | =2000GPD []>2000GPD |
| is sewer available as per 38 | E270 30 00 00 00 M 1 1 10 10 10 10 10 10 10 10 10 10 10 10 | | NCE TO SEWER:FT |
| PROPERTY ADDRESS: 54 DIRECTIONS TO PROPERTY: 2 | NW Biscr | JIN Loc | NW LASSIE |
| Black St R | | | |
| BUILDING INFORMATION | (X) RESIDENTIAL | [] COMMERCI | AL |
| Unit Type of No Establishment | | g Commercial/Insti ft Table I, Chapter | tutional System Design 62-6, FAC |
| 1 mobile Hom | e 3 156 | Oria ma | 1 1/2 Frank |
| 2 mobile time | 3 980 | | American de la |
| 3 | *************************************** | Modern Control of Cont | |
| 4 | | | |
| [] Floor/Equipment Drains | [] Other (Spec | ify) | |
| SIGNATURE: | o North | D. | |
| DEP 4015, 06-21-2022 (Obsole | tes previous edition | s which may not be | used) UCI Z 3 2025 |
| Incorporated 62-6.004, FAC | | | By Page 1 of 4 |

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-083/

| an Approved Not Approved | | | | 1 | Calonia. | | | | | | _ | County Health Departmen | | | | | | | | | | | | |
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| | | | | N | Not Approved | | | | | | | | | | Date 10/27/25 | | | | | | | | | |
| Plan | subr | nitte | d by | (| | | | 1 | V | OA | de | ~ | | | | | | | | | | | | |
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