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

PERMIT NO. 24-0894
DATE PAID: 12/14/24
FEE PAID: 40.00
RECEIPT #: 2181982

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System [ ] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [X] Swimming pool

APPLICANT: Thomas Traficante EMAIL: peelerpoolsnf@gmail.com
AGENT: Chad Cunningham TELEPHONE: 386 755 2848
MAILING ADDRESS: 1033 SW Littleld 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)(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: 35 BLOCK: _____ SUBDIVISION: Cardinal Farms PLATTED: _____

PROPERTY ID #: 10-6S-16-03815-135 (19483) ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 60+ FT

PROPERTY ADDRESS: 1367 SW Skyline Up Ft White FL 32038

DIRECTIONS TO PROPERTY: 47 South (L) on Herlong, (R) On Skyline, House 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	Swimming pool			
2				
3				
4				

[ ] Floor/Equipment Drains [X] Other (Specify) Swimming pool

SIGNATURE: [signature] DATE: 12.10.24

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

0
67
134
201
268
335
402
469
536
603
670 ft

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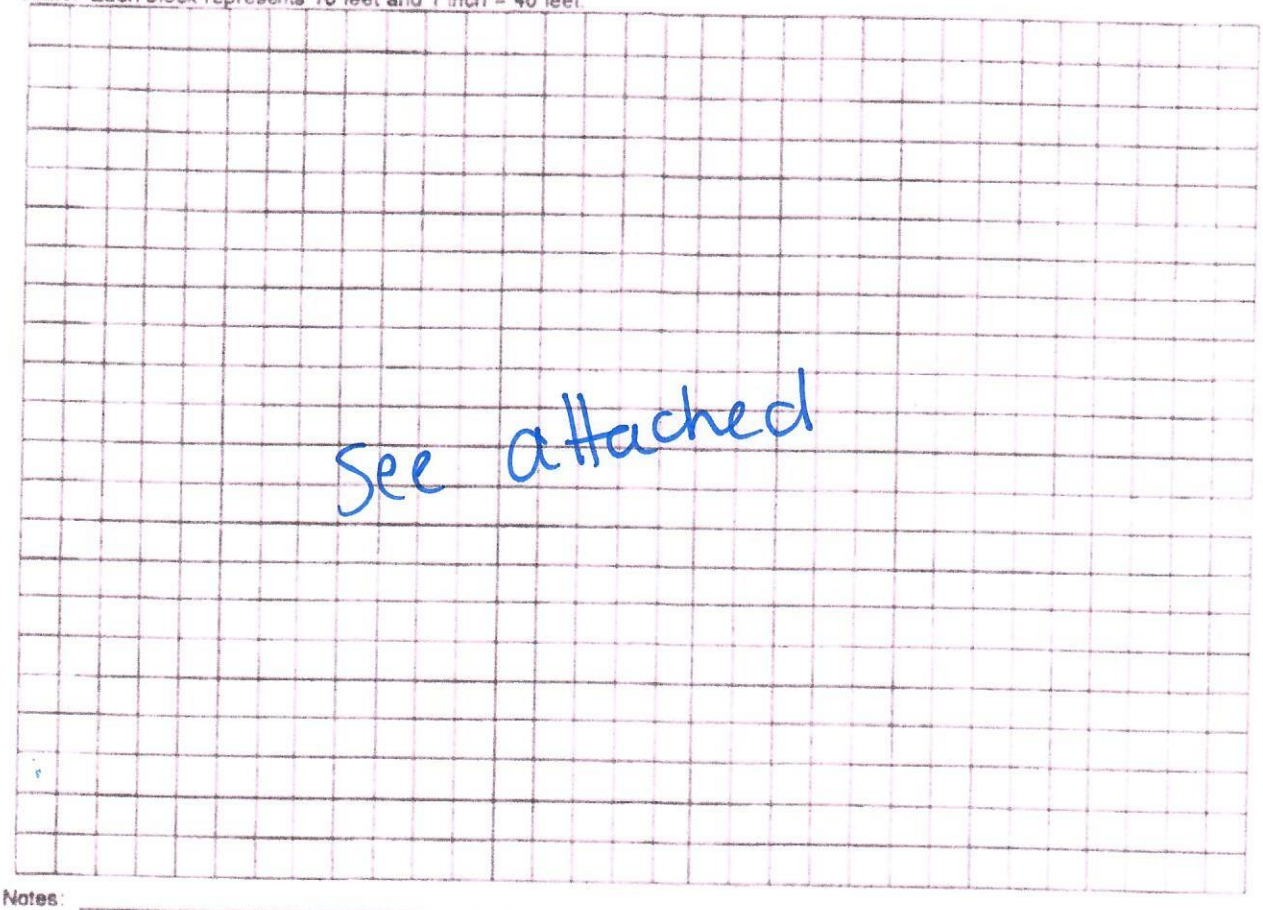
PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

Plan Approved ___ Not Approved ___ Date 12/2/24

By: ___ Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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