

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision : To be the Healthiest State in the Nation

October 27, 2025

Bryan Zecher
P O Box 815
Lake City, FL 32056

RE: Contingency Letter
Application Document No: AP2273922
Centrax Permit Number: 12-SC-4042431
OSTDS Number:
JON L HASKEW 25-0826
3431 SW CUSTOM MADE
Lake City, FL 32024
Lot:2,3 Block: Subdivision: Oaks of Lake City

Dear Applicant:

This will acknowledge receipt of an application dated 10/22/2025 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 62-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 785-1058.

Sincerely,

Dustin Jones, Environmental Specialist II

Enclosures
cc:

K2



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 25-0824
DATE PAID: 10/22/25
FEE PAID: 600.00
RECEIPT # 2073922

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Jon L Haskew

EMAIL: _____

AGENT: Bryan Zecher

TELEPHONE: 386-752-8653

MAILING ADDRESS: 2370 SW SR 47, Lake City, FL 32025

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&3 BLOCK: _____ SUBDIVISION: Oaks of Lake City Phs 1 PLATTED: _____

PROPERTY ID #: 17-5S-17-09250-102 ZONING: Res I/M OR EQUIVALENT: [Y /]

PROPERTY SIZE: 9.49 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 3431 SW Custom Made Circle, Lake City, FL 32024

DIRECTIONS TO PROPERTY: 131 South, Right on Custom Made Cir, Left on Custom Made, 2nd house on left

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	SF Residential	3	3597	existing
2	Pavillion	0	576	existing
3	Detached Garage	0	1800	
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____

DATE: 10/16/25

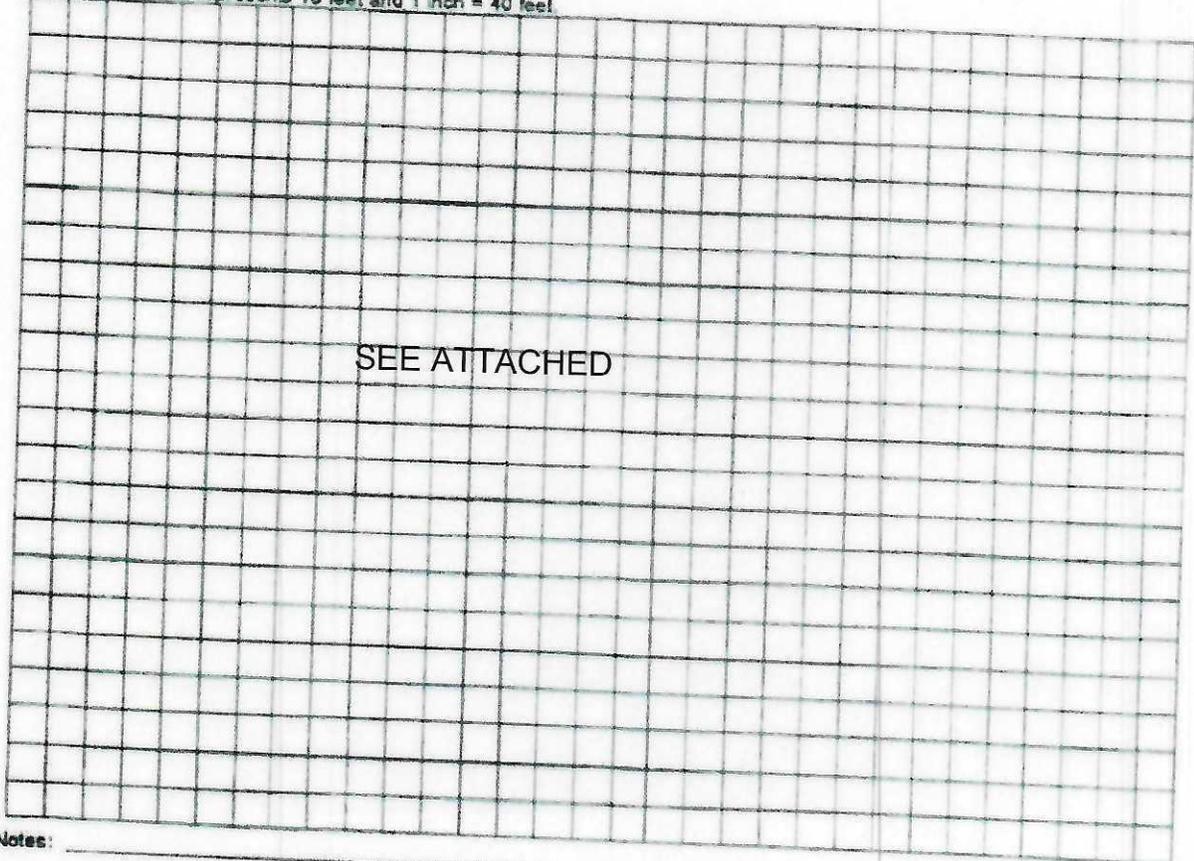
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0826

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

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



Notes: _____

Site Plan submitted by: _____
Plan Approved _____ Not Approved _____ Date _____
By: [Signature] _____
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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State Surgeon General

TO: COLUMBIA COUNTY HEALTH DEPARTMENT
Environmental Health
Phone 386-758-1058 Fax 386-758-2187

FROM: Haskew

PERMIT: # 25-2826

As owner or authorized agent for the property described in the above referenced permit, I certify that I am fully aware of the following:

1. I am aware of the zoning requirements for this property, and I have determined from the County Planning & Zoning office that I can develop the property as described in my septic tank permit application.
2. I understand that it is my responsibility to determine if my property and proposed development lies within a flood prone area. (The County Planning & Zoning office can provide this information).

SIGNATURE: [Signature] DATE: 10/16/25

 OWNER AUTHORIZED AGENT ✓

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250826

EXISTING SYSTEM WORKSHEET

EXISTING RESIDENCE ADDITION

- 1. I am proposing an addition to my current residence that does not include a bedroom Yes ___ No ___
- 2. I am proposing the addition of a bedroom (s) Yes ___ No ___
- 3. I have submitted floor plans of the existing structure and the proposed structure Yes ___ No ___

REPLACING A HOME

- 1. How many bedrooms are in the existing or previous home _____
- 2. How many bedrooms are in the proposed home _____
- 3. I have submitted floor plans Yes ___ No ___

POWER TO EXISTING STRUCTURE

Yes ___

ADDITION OF POOL

Yes ___

ADDITION OF MISC BUILDING (S)

Yes With bathroom NO

Please sign below to verify the above submitted information.

Signature: _____ Date: 10/16/25

OWNER: _____ AGENT:

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LETTER OF AUTHORIZATION FOR AGENT

PERMIT # _____

This is to certify that I have personally authorized the following named individual to act as my agent in applying for and obtaining Onsite Sewage Disposal and Treatment permits from the Columbia County Health Department. I further certify that I am the legal owner of the property described in the permit and referenced below and have the right to install a sewage disposal system on it.

AUTHORIZED AGENT: _____

PROPERTY I.D.: _____

OWNERS SIGNATURE: _____

DATE: 10/16/25

PLEASE RETURN TO: ENVIRONMENTAL HEALTH
COURTHOUSE ANNEX BASEMENT
135 N.E. HERNANDO ST. STE 031
LAKE CITY, FL 32055



Columbia County Health Department
 217 NE Franklin St Lake City, FL 32055

PAYING ON: # 12-SC-4042431 BILL DOC #: 12-BID-8321549 CONSTRUCTION APPLICATION #: AP2273922
 RECEIVED FROM: Bryan C Zecher AMOUNT PAID: \$ 60.00
 PAYMENT FORM: CREDIT CARD 8706 PAYMENT DATE: 10/22/2025
 MAIL TO: Bryan Zecher
 P O Box 815
 Lake City, FL 32056

FACILITY NAME : _____

PROPERTY LOCATION:

JON L HASKEW 25-0826
 3431 SW CUSTOM MADE
 Lake City, FL 32024

Lot: 2,3 Block: _____

Property ID: 09250-102

EXPLANATION or DESCRIPTION:	QUANTITY	FEE
-1 - COUNTY FEE 1 (OSTDS)	1	\$ 25.00
139 - OSTDS Application Approval Existing, No Insp	1	\$ 35.00

RECEIVED BY: MobleySJ
 Note: ZECHER/25-0828

AUDIT CONTROL NO. 12-PID-7780775