



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

PERMIT NO. 23-0817
DATE PAID: 12-15-23
FEE PAID: 40.00
RECEIPT #: 3025034

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT:

FIVE ASH FOREST LLC

EMAIL: PGOODSON@COWCAST.NET

AGENT: OWNER

TELEPHONE: 386-303-2491

MAILING ADDRESS:

337 SW TOMPKINS ST, 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: FIVEASH FOREST LLC

PLATTED: L

PROPERTY ID #:

28-35-16-02376-000

ZONING:

MHP

I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE:

36

ACRES

WATER SUPPLY:

☐

PRIVATE

☒ PUBLIC

☒ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N

DISTANCE TO SEWER: 30 FT

PROPERTY ADDRESS:

396 NW TURNBERRY DR, LAKE CITY FL 32055

DIRECTIONS TO PROPERTY:

Hwy 90 WEST TO BROWN ROAD. TURN RIGHT
GO TO NW TURNBERRY DR. TURN RIGHT FOLLOW TURNBERRY DR
TO LOT 35 ON RIGHT.

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

SINGLE/MULTI FAM

2

1363

2

MH

3

4

☐ Floor/Equipment Drains

☐ Other (Specify) _____

SIGNATURE:

Mark J. Goodson

DATE:

12-1-23

DEF 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

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

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

SEE ATTACHED

Notes: _____

Site Plan submitted by: _____

Plan Approved ☒ _____

Not Approved _____

Date 12-1-23

By _____

County Health Department

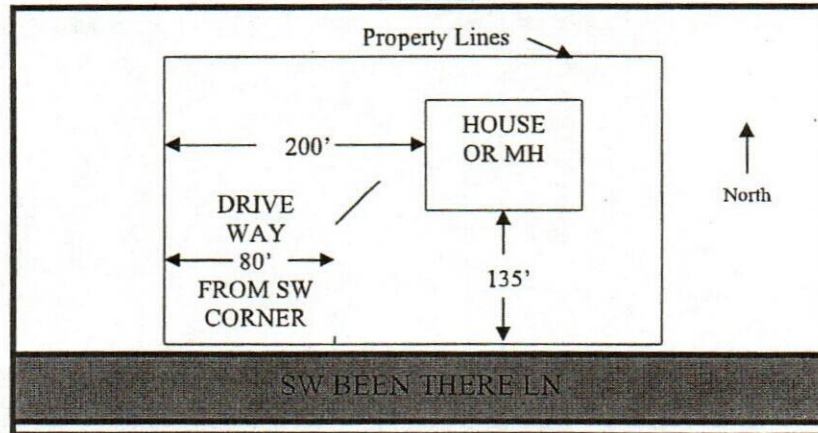
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

23-0817

Page 2, Site Plan for 9-1-1 Address Application From

1. A PLAT, PLAN, OR DRAWING SHOWING THE PROPERTY LINES OF THE PARCEL.
2. LOCATION OF PLANNED RESIDENT OR BUSINESS STRUCTURE ON THE PROPERTY WITH DISTANCES FROM AT LEAST TWO OF THE PROPERTY LINES TO THE STRUCTURE (SEE SAMPLE BELOW).
3. LOCATION OF THE ACCESS POINT (DRIVEWAY, ETC.) ON THE ROADWAY FROM WHICH LOCATION IS TO BE ADDRESSED WITH A DISTANCE FROM A PARALLEL PROPERTY LINE AND OR PROPERTY CORNER (SEE SAMPLE BELOW).
4. TRAVEL OF THE DRIVEWAY FROM THE ACCESS POINT TO THE STRUCTURE (SEE SAMPLE BELOW).

SAMPLE:



SITE PLAN BOX:

