



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

PERMIT NO. 23-0012
DATE PAID: 11/5/22
FEE PAID: 605.28
RECEIPT #: 1927352

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☐ New System ☒ Existing System ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☒ Add Shed to Property

APPLICANT: Lindsey McKnight

EMAIL: lmcknight1026@gmail.com

AGENT:

TELEPHONE: 380-623-3227

MAILING ADDRESS: 19902 S US Hwy 441
High Springs, FL 32643

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: _____ BLOCK: _____ SUBDIVISION: _____

PLATTED: _____

PROPERTY ID #: 04-75-17-09886-004 ZONING: _____ I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 2.13 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ <=2000GPD ☐ >2000GPD

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

DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 19902 S US Hwy 441, High Springs, FL 32643

DIRECTIONS TO PROPERTY: From Lake City, Drive South on Hwy. 1. Go under I-75 overpass, and continue to approx. 8 miles. Property located on right

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

Unit No. Type of Establishment No. of Bedrooms Building Area Sq. Commercial/Institutional System Design Table I, Chapter 62-6, FAC

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sq.
1	Shed	0	240
2			
3			
4			

20-0654

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: L. McKnight

DATE: 12/30/2022

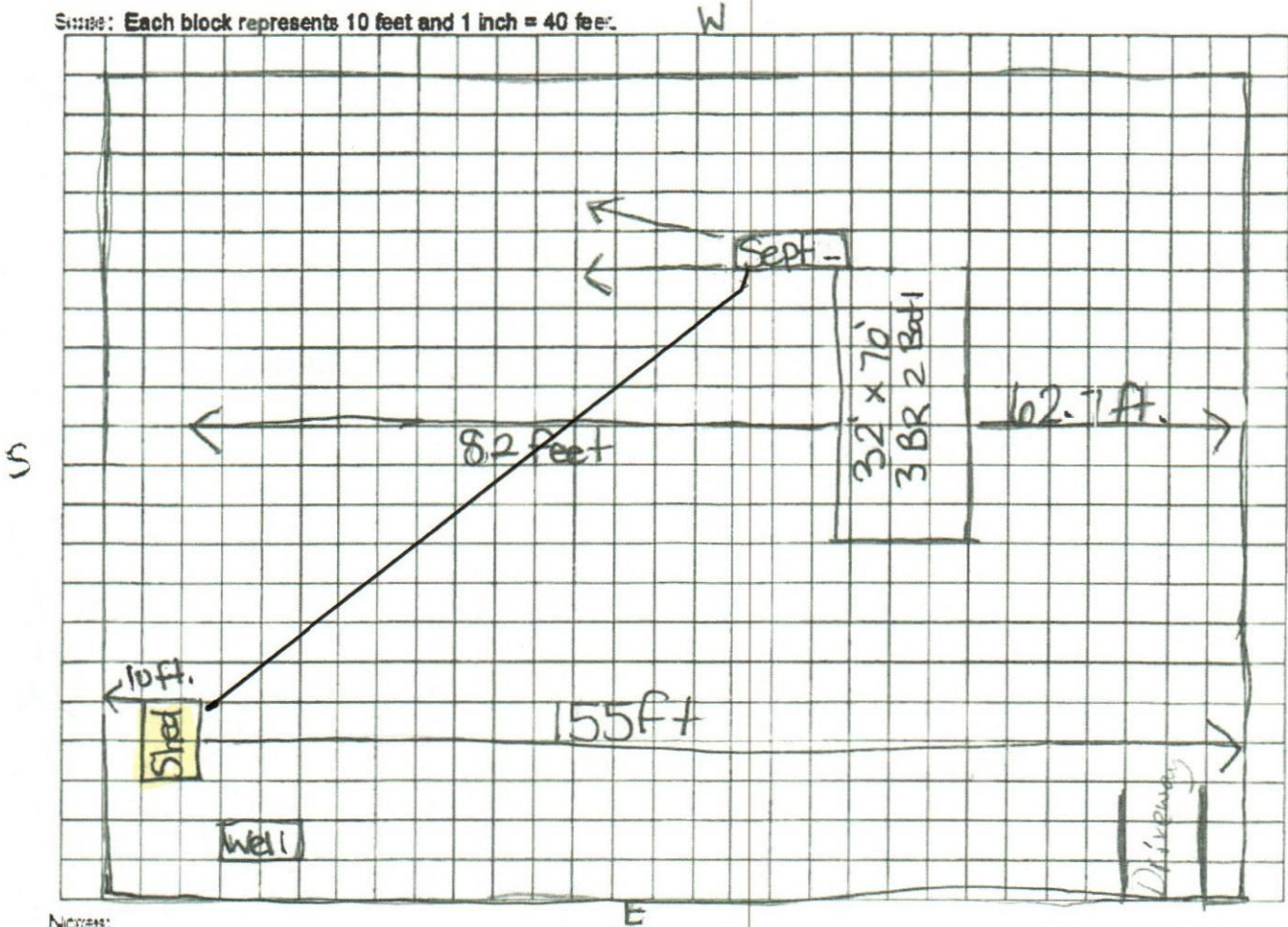
STATE OF FLORIDA
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Permit Application Number

23-0012
57420

..... PART II - SITEPLAN

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



Notes:

Shows open area of property not covered by pine trees

Site Plan submitted by: Lindsey McKnight

Plan approved

Not Approved

By

Date

1/5/23
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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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

January 05, 2023

LINDSEY**23-0012 MCKNIGHT
S US HWY 441
High Springs, FL 32643

RE: Contingency Letter
Application Document No: AP1929352
Centrax Permit Number: 12-SC-2627126
OSTDS Number:
19902 S US HWY 441
High Springs, FL 32643

Lot: Block: Subdivision:

Dear Applicant:

This will acknowledge receipt of an application dated 01/05/2023 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. 64E-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: