



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

PERMIT NO. 23-0263  
DATE PAID: 4.5.23  
FEE PAID: 60.00  
RECEIPT #:

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Daniel E Collins

EMAIL: Boosmommy7262004@yahoo.com

AGENT:

TELEPHONE: 386-601-1115

MAILING ADDRESS: 1109 SW HOWELL 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: BLOCK: SUBDIVISION: PLATTED:

PROPERTY ID # 04-05-17-0898-000 ZONING: AK I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 10.2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000\text{GPD}$  ☐  $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 1109 SW HOWELL ST LAKE CITY FL

DIRECTIONS TO PROPERTY: 441 TO HOWELL ST TO PROPERTY

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

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>Garage</u>	<u>0</u>	<u>500</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: Daniel E Collins

DATE: 4/5/23

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

Incorporated 62-6.004, FAC

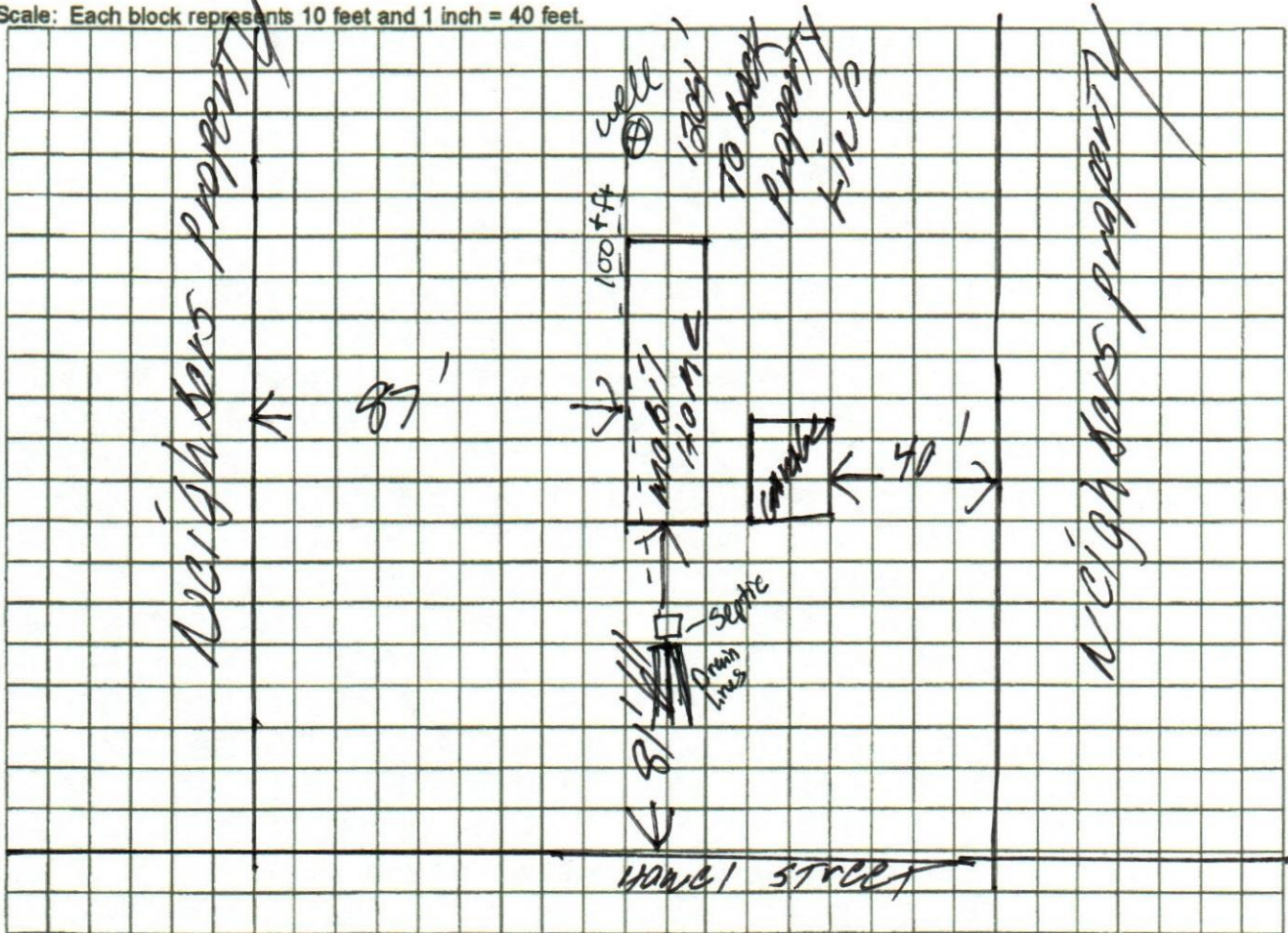


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Permit Application Number \_\_\_\_\_

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

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



Notes: \_\_\_\_\_

Site Plan submitted by: DANIEL COLLINS 4/5/23

Plan Approved ☒ Not Approved \_\_\_\_\_ Date 4/5/23

By Caramecha Bonds EST Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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