



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

PERMIT NO: 24-2384
DATE PAID: 518124
FEE PAID: 400.00
RECEIPT #: 2049629

APPLICATION FOR CONSTRUCTION PERMIT

386 361 1871

APPLICATION FOR:

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

APPLICANT: Eric Todd

EMAIL:

AGENT:

TELEPHONE:

MAILING ADDRESS: 1741 NW 17th way, Alachua, FL 32015

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: 4 BLOCK: SUBDIVISION: Northside A. P2 PLATTED:

PROPERTY ID #: 13 3516 02099-204 ZONING: I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 1073 NW Moore RD, Lake City, FL 32065

DIRECTIONS 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

1 Mobile Home 3 1248

ORIGINAL ATTACHED

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature]

DATE: 2-8-24

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

Incorporated 62-6.004, FAC

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OSTDS Application for
Construction (New)
Page 2 of 4

Application for Onsite Sewage Disposal System

Construction Permit. Part II Site Plan

Application Number: 97-073 24-0384

Rotate Left 90°

Rotate Right 90°

Rotate 180°

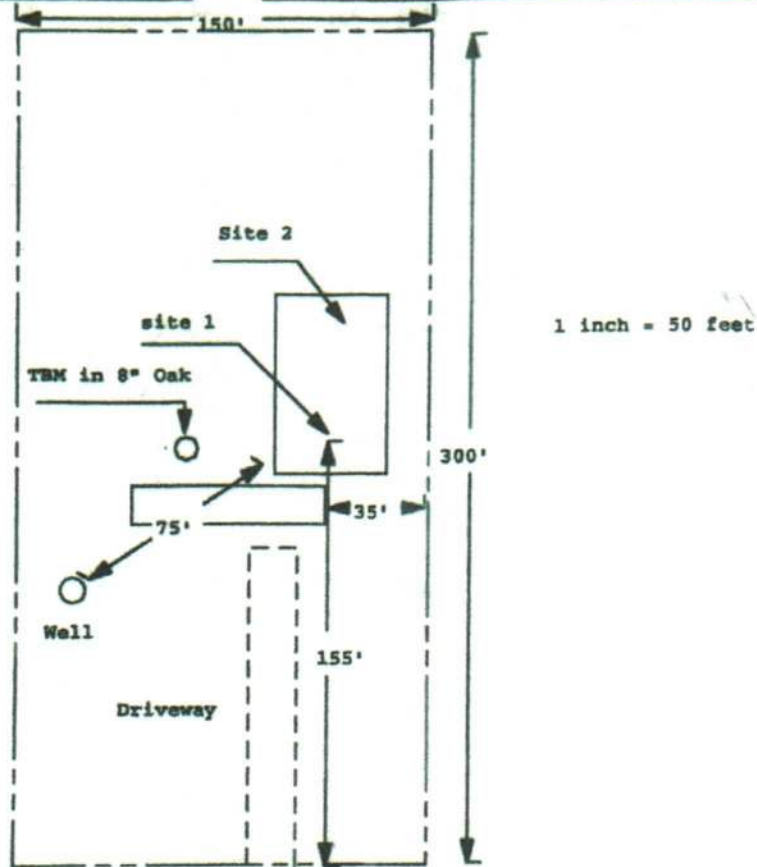
Default Orientation

Full Size

Delete Image

Close Window

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Existing Power

Site Plan submitted by: [Signature]

Plan Approved [Signature] Not Approved [Signature]

Date 5/10/24
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT