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

PERMIT NO: 25-0198
DATE PAID: 3/3/25
FEE PAID: 60.00
RECEIPT #: 2194304

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Elvia Almonte EMAIL: destiny131515@yahoo.c

AGENT: _____ TELEPHONE: 760-889-6593

MAILING ADDRESS: 589 SW Kicklighter Ter 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

LOT: _____ BLOCK: _____ SUBDIVISION: _____ OSTDS REMEDIATION PLAN? [Y / N]

PLATTED: _____

PROPERTY ID #: 03108-002 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: 589 SW Kicklighter Ter. Lake city FL 32024

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	New Home	3	2137	
2				
3				
4				

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

SIGNATURE: _____ DATE: 3-3-25

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

Florida HEALTH

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

PAYING ON: # 12-SC-3087053 BILL DOC #:12-BID-7761606 CONSTRUCTION APPLICATION #: AP2196304

RECEIVED FROM: ELVIRA**25-0198 ALMONTE AMOUNT PAID: $ 60.00

PAYMENT FORM: CREDIT CARD 0818 PAYMENT DATE: 03/03/2025

MAIL TO: ELVIRA**25-0198 ALMONTE
KICKLIGHTER
Lake City, FL 32024

FACILITY NAME : _____

PROPERTY LOCATION:

ELVIRE ALMONTE 25-0198
589 SW KICKLIGHTER
Lake City, FL 32024

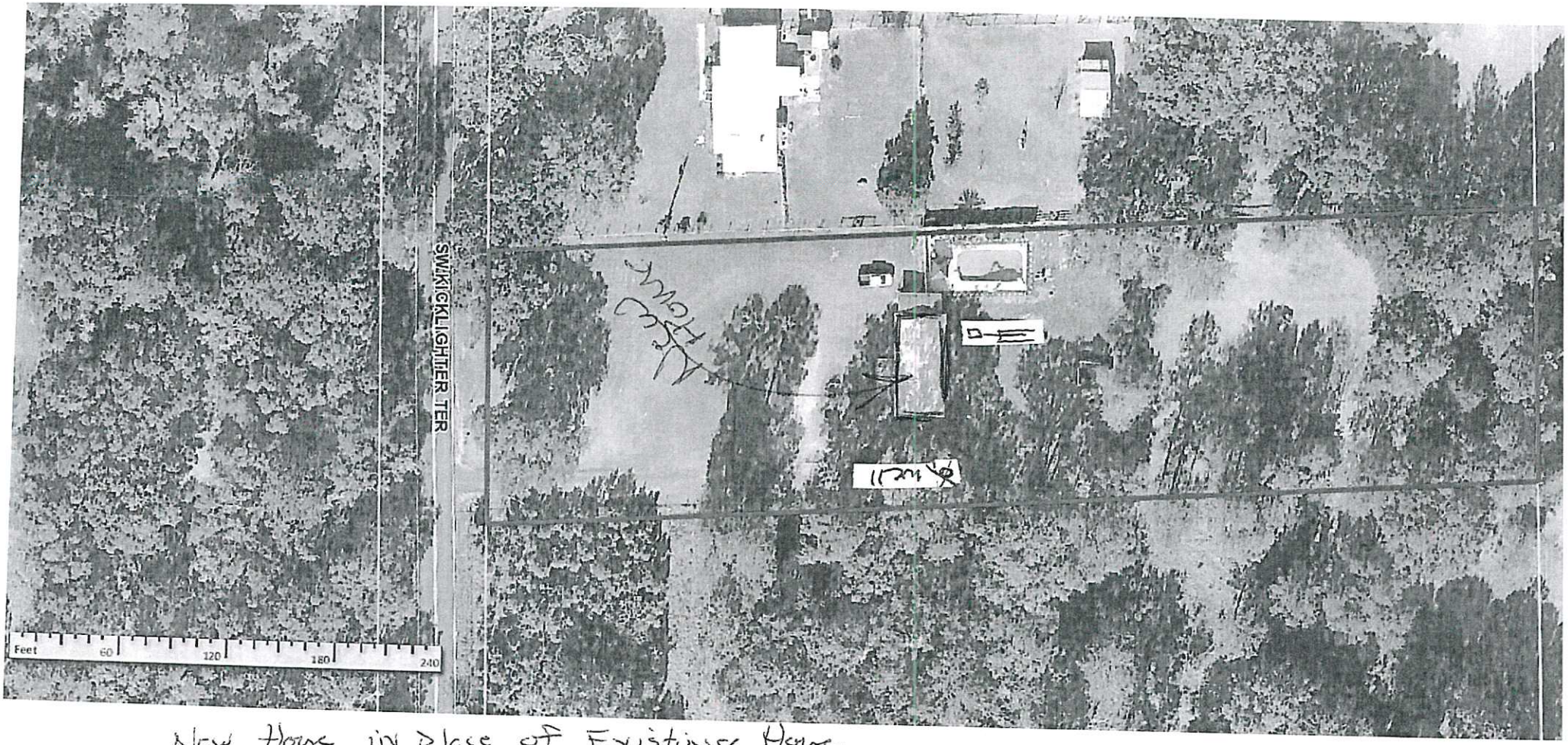
Lot: _____ Block: _____

Property ID: 03108-002

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: MoblevSJ AUDIT CONTROL NO. **12-PID-7283044**

Note: ALMONTE/25-0198



New Home in place of Existing Home

25-098

Ella Wade 3-3-25

Approved Columbia County
3/10/25

25-0188	BERT HERRERO	644 MIRACLE	02789018	B&Z	3/13
25-0198	ELVIA ALMONTE	589 KICKLIGHTER	03108002	B&Z	3/13
25-0200	JACOB HOPPER	681 JOSEPHINE	04821001	B&Z	3/13

Excel Sheet
for permit releases