



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

PERMIT NO: 23-07608
DATE PAID: 10/31/22
FEE PAID: 100.00
RECEIPT #: 2008812

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: LYNN Smith gone fishing 2 day @ Windstream.net

AGENT: MIKE DAVIS TELEPHONE: 352-278-8132

MAILING ADDRESS: 3391 SW HERLONG ST FORT WHITE 32058

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: 74 BLOCK: _____ SUBDIVISION: CARDINAL FARMS PLATTED: _____

PROPERTY ID #: 02-65-16-03815-174 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 9.39 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 3391 SW HERLONG ST FORT WHITE 32058

DIRECTIONS TO PROPERTY: CORNER OF HERLONG + OLD WIRE
EAST OFF ST RT 47

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	MANUFACTURE HOME	3	2170	
2	GARAGE	0	900	
3	BARN	0	60	
4	SHED	0	100	
	<u>POOL</u>	<u>0</u>		

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: OCT 24, 2023

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

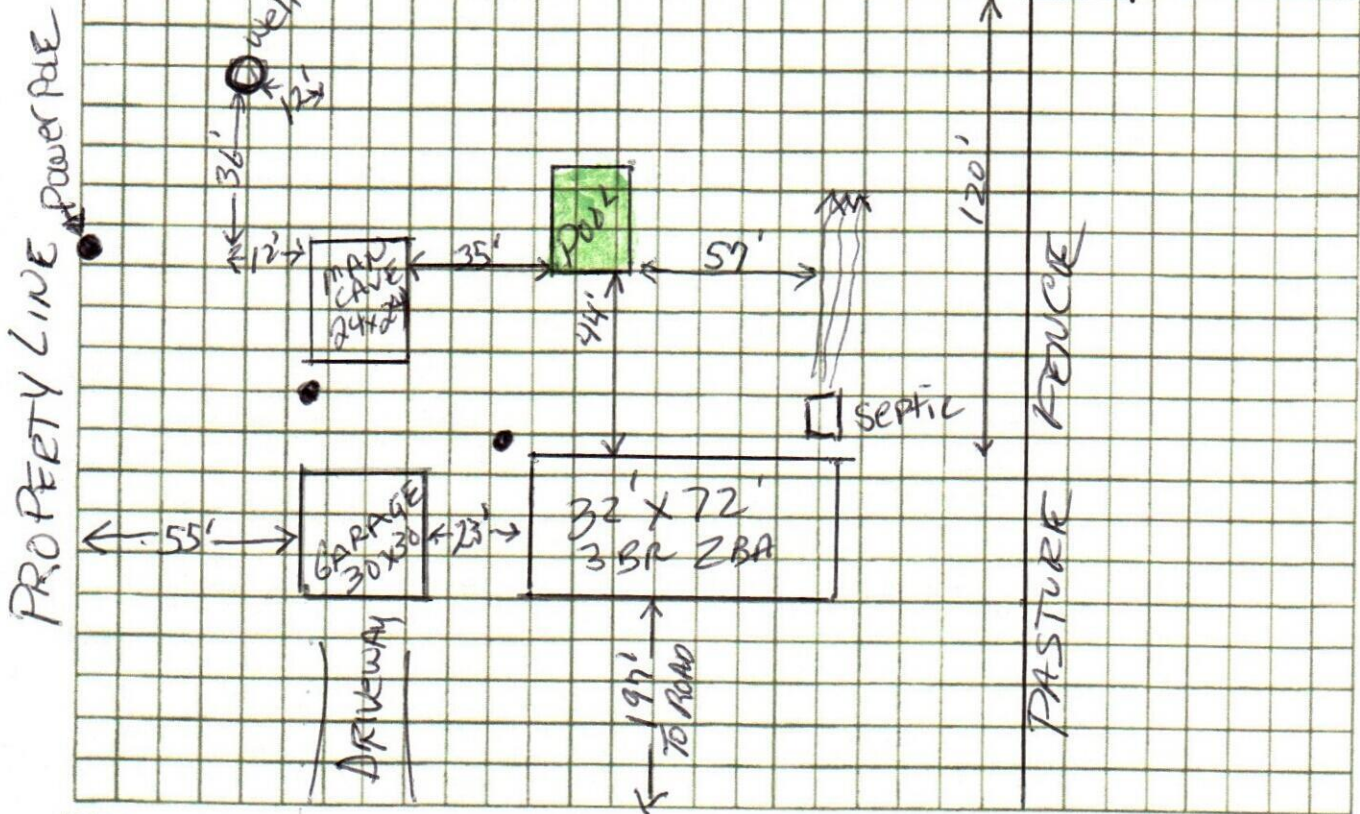
Incorporated 62-6.004, FAC

STATE OF FLORIDA
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0768

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

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



Notes: _____

Site Plan submitted by: [Signature]

Plan Approved ☒

Not Approved _____

Date 11/3/23

By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT