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

PERMIT NO. 25-0380
DATE PAID: 4/29/25
FEE PAID: 60.00
RECEIPT # 2207313

APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: Harold + Chayna Amaraal EMAIL: peelerpoolsnf@gmail.com
AGENT: Chad Cunningham TELEPHONE: 3867552048
MAILING ADDRESS: 1033 SW Little Rd 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: 8 BLOCK: _____ SUBDIVISION: Southwest Estates PLATTED: _____

PROPERTY ID #: 36-4S-15-00415-108 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 10.05 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 75 FT

PROPERTY ADDRESS: 719 SW Happy Jack Dr. Lake City, FL 32024

DIRECTIONS TO PROPERTY (L) on Marion, (R) on Duval, (L) on 247, (R) on Cypress Lake Dr, (L) on Happy Jack Dr, Slight left, House on (R)

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	Swimming pool			21-0247 attached
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) Swimming pool

SIGNATURE: _____ DATE: 4-25-25

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

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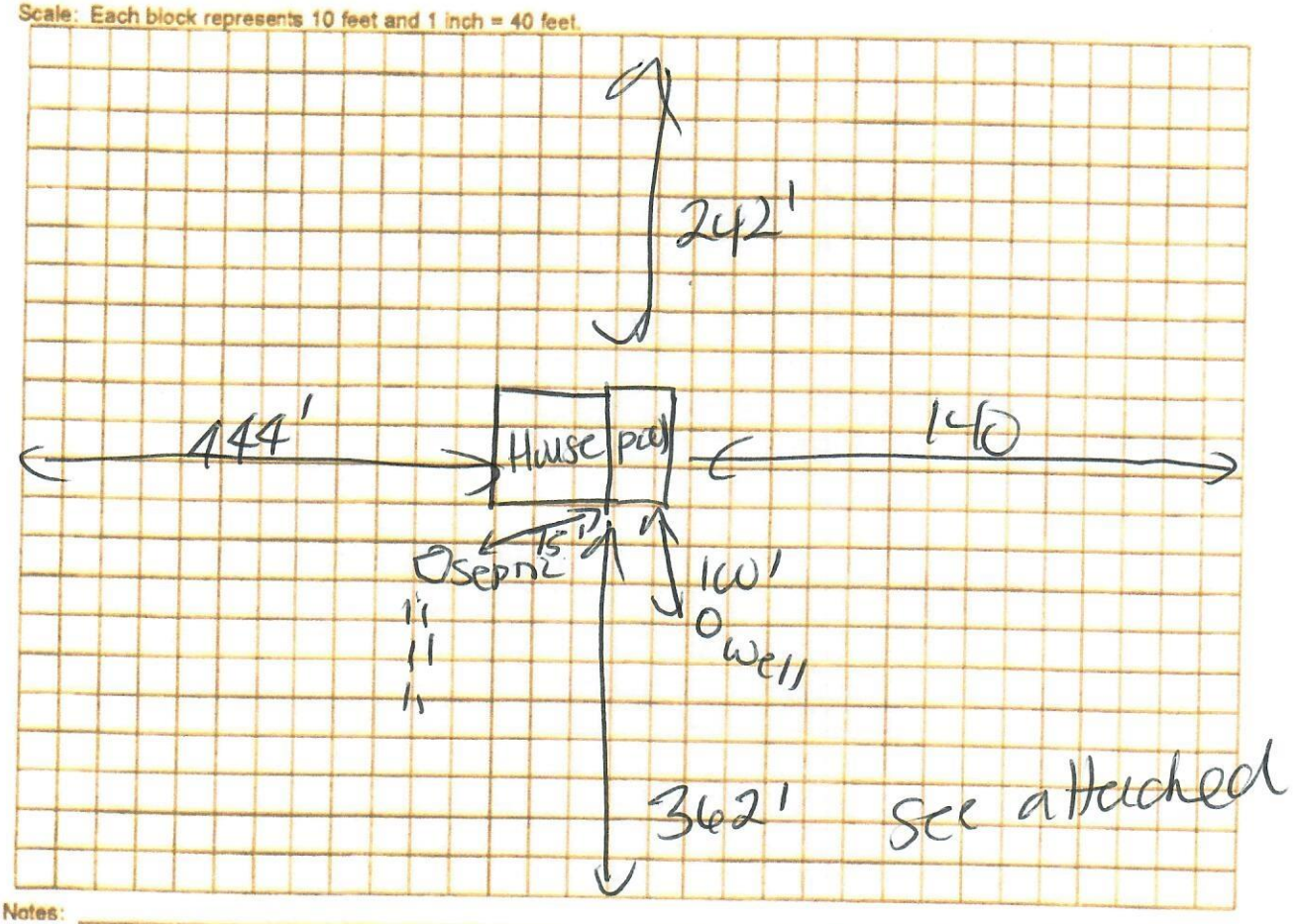
PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by _____

Plan Approved _____ Not Approved _____ Date 5/6/25

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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