## Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Scott A. Rivkees, MD State Surgeon General

Vision: To be the Healthiest State in the Nation

July 01, 2021

Dale Burd (Dale Burd, LLC) 20619 SW CR 137 Lake City, FL 32024

RE: Contingency Letter

Application Document No: AP1684166 Centrax Permit Number: 12-SC-2316994

OSTDS Number: SW HODGES

Lake City, FL 32025

Lot:N 1/2 OF B 45 Block: Subdivision: Mason City

Dear Applicant:

This will acknowledge receipt of an application dated 06/29/2021 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely.

Kelli Rogers, Environmental Specialist II

Enclosures

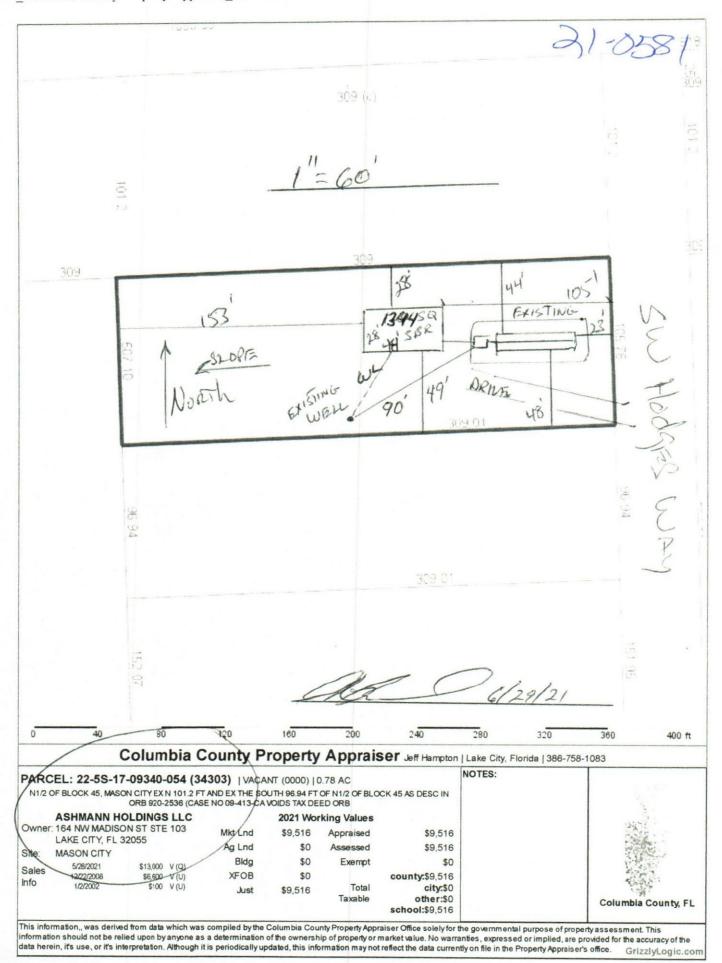
CC:

## STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number\_

Plan Approved	Not Approved	Columbia	Date 7/1/202/ County Health Department
Site Plan submitted by:	Hon C	>	CONTRACTOR
Notes:			
	1/EAS/2		
	PIEASE SEE AH		
	A	mehred	
		1	
Soule: Timen To resu			
Scale: 1 inch = 40 feet.	1		
FRUXDANI	Heldings PART II - SITE	PLAN	



1 of 1



## STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO.	21-05.81
DATE PAID:	(APC)
FEE PAID:	(D:00)
RECEIPT #:	12084-1460

APPLICATION FOR:  [ ] New System [ ]  [ ] Repair [ ]	Existing Sys	tem [	] Holding Tank ] Temporary	[ ] Innova	tive		
APPLICANT: Ashmann Holdings							
AGENT: Dale Burd			TELEPHONE: 386-365-7674				
MAILING ADDRESS: 20619 Coun	ty Road 137, Lake C	City, FL, 32024					
TO BE COMPLETED BY APPLICATION BY A PERSON LICENSED PURSUAPPLICANT'S RESPONSIBILITY PLATTED (MM/DD/YY) IF REQU	JANT TO 489.10 TO PROVIDE DESTING CONSIDER	5(3)(m) OR OCUMENTATIO ERATION OF	489.552, FLORIDA N OF THE DATE THE STATUTORY GRANDFA	STATUTES. IT : E LOT WAS CREAT! ATHER PROVISION:	IS THE ED OR		
PROPERTY INFORMATION							
LOT: N1/2 BLOCK: 45	SUBDIVISION	: Mason City		PLATTED:			
PROPERTY ID #: 22-58-17-0934	0-054	ZONING	3: I/M O	R EQUIVALENT: [	[ No ]		
PROPERTY SIZE: .78 ACRE	S WATER SUPP	LY: [✓] PR	IVATE PUBLIC [	]<=2000GPD [	]>2000GPD		
IS SEWER AVAILABLE AS PER							
				102 10 22/12/11			
PROPERTY ADDRESS: TBD SW I			DI TI DI	T. T. T. C.I.	DI TD		
DIRECTIONS TO PROPERTY: U	S 441 South, To Ma	son City, TR Tu	ner Place, IL Blooming	ton Terr, TR Calvary	PI, IK		
Hodges Way to end on left							
BUILDING INFORMATION	[√] RESI	DENTIAL	[ ] COMMERC:	TAL			
Unit Type of			Commercial/Insti		m Design		
No Establishment			Table 1, Chapter				
1 SF Residential / MH	3	1344	3 BR for 3 BR Like for	r Like			
2				ACHED			
3			ORIGINAL ATTA				
4							
[ ] Floor/Equipment Drai	ins [ ] Ot)	ner (Specify	7)				
1 11001/Equipment Dias	1 1 00	- Copeciti					
SIGNATURE:				DATE: 6/29/2021			