

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

PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:

## APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:  [ ] New System
APPLICANT: IDA CAUSEY EMAIL: heidemonison 6 gm
AGENT: Heide Mornison Telephone: (386) 984-9334
MAILING ADDRESS: 313 NW Brook Loop, LAKE City, F1, 32055
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: BLOCK: SUBDIVISION: PLATTED:
PROPERTY ID #: 24-45-17-08720-003 ZONING: I/M OR EQUIVALENT: [ Y / N ]
PROPERTY SIZE: 18.45 ACRES WATER SUPPLY: [ ] PRIVATE PUBLIC [ ] <= 2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / N] DISTANCE TO SEWER: FT
PROPERTY ADDRESS: 680 SE Weeks In, Lanke City, F1, 32025
DIRECTIONS TO PROPERTY: Turn (Danlo NE Justice ST, Turn (2) and NE
Hernando Ave, Turn Wonto NE Madison ST, Turn Wonto Marion Ave,
WIND only E DUALST, Take ASISHT(R) turn only SR.100, turn@only SE
EVILLING INFORMATION SE Weeks LA, TUMB. Arque G destination
Unit Type of No. of Building Commercial/Institutional System Design No. Establishment Bedrooms Area Sqft Table I, Chapter 62-6, FAC
1 Old mobile hame 36 1260 5gfs.
2 New SW MH 3b 1130 sof fr
3
4
[   Floor/Equipment Drains [ ] Other (Specify)
SIGNATURE: DATE: 01/22/2024.
DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC Page 1 of 4
Incorporated 62-6.004, FAC Page 1 of 4

## STATE OF FLORIDA DEPARTMENT OF HEALTH APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 34-0047

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ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

COLUMBIA County Health Department



