



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

FW

PERMIT NO. 22-0648  
DATE PAID: 8/15/22  
FEE PAID: 310.00  
RECEIPT #: 1874711

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Alachua Conservation Trust Inc. EMAIL: nflseptic tanks@comcast.net

AGENT: Robert Ford 999 - North Florida Septic Tank Inc. TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE State Rd 100, Lake City FL 32025

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: 17 BLOCK: 5 SUBDIVISION: U-23 Three River Estates PLATTED: \_\_\_\_\_

PROPERTY ID #: 00-00-00-01438-117 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 0.98 ACRES WATER SUPPLY: [ X ] PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [ Y / X ] DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: TBD SW Kentucky St, FW Fla

DIRECTIONS TO PROPERTY: \_\_\_\_\_

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	<u>MH</u>	<u>4</u>	<u>1768</u>	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Robert Ford 999 DATE: 8.15.22

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

1 1/2 40'

Permit Application Number 22-0698

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

See ATT

Notes: \_\_\_\_\_

Site Plan submitted by: Robert Ford Date: 8-11-2022

MASTER CONTRACTOR

Plan Approved X Not Approved \_\_\_\_\_

Date 9/8

By [Signature] Columbo County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

2002-11-8  
Robert W. Boyd  
11/10/02

