



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

PERMIT NO. 24-0893
DATE PAID: 12/12/24
FEE PAID: \$60.00
RECEIPT #: 2181576

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: John Riess

EMAIL: driess918@gmail.com

AGENT: Lizzie Brooks ()

TELEPHONE: (386)752-7104

MAILING ADDRESS: 103 SW Buchanan Dr 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: 7 BLOCK: _____ SUBDIVISION: Blaine Estates PLATTED: _____

PROPERTY ID #: 22-4S-16-03090-107 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] ≤ 2000 GPD [] > 2000 GPD

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

PROPERTY ADDRESS: 103 SW Buchanan Dr Lake City, FL 32024

DIRECTIONS TO PROPERTY: _____

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 | <u>Car port</u> | <u>0</u> | <u>600</u> | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: John C. Riess

DATE: 12-5-24

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

Page 1 of 4
Received
12/10/24
2:11:17pm

John Riess

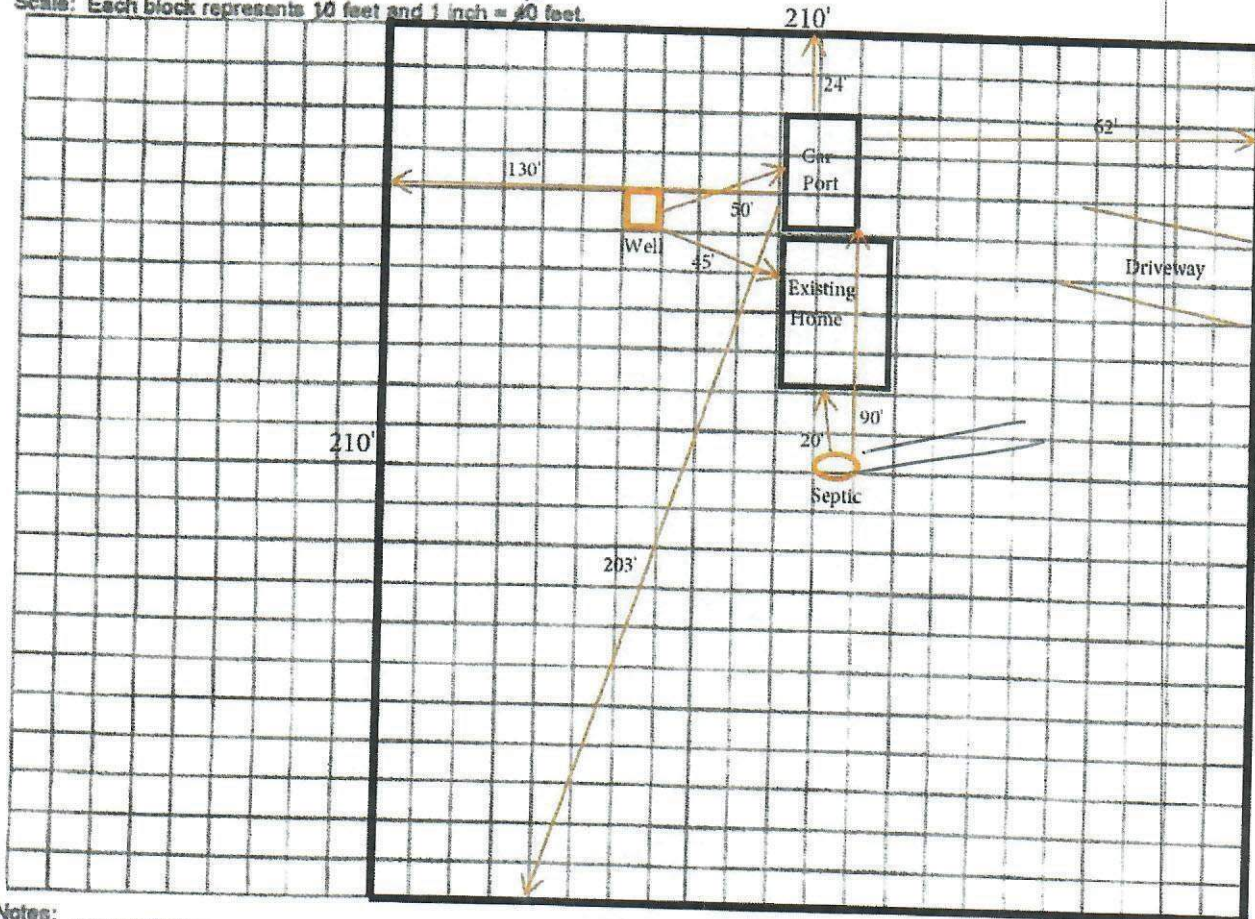
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PART II - SITEPLAN

Scale: Each block represents $\frac{12}{48}$ feet and 1 inch = 40 feet.



Notes:

Site Plan submitted by:

Erin B. Smith

Plan Approved

Not Approved

Date 12/18/24

By *[Signature]* 552 *Columbia* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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