



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

PERMIT NO. 24-0092
DATE PAID: 2/1/24
FEE PAID: 510.00
RECEIPT #: 2097000

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System 38 ☐ Holding Tank ☐ Innovative
☐ Repair ☐ Abandonment ☐ Temporary ☐

APPLICANT: Laura Melton Beth Grannone EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 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: 2 BLOCK: - SUBDIVISION: Hawk's Landing PLATTED: -

PROPERTY ID #: 31-AS-17-08915-10 ZONING: - I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 5.10 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ Y ☒ X DISTANCE TO SEWER: - FT

PROPERTY ADDRESS: 787 SW Bunn Dr. Lake City FL

DIRECTIONS TO PROPERTY: 47 South to Webster Rd HL Follow
to Bunn turn left follow to site on left follow to road
Back of 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	MH	3	1480	
2	Metal Bldg	0	572	
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) -

SIGNATURE: Robert Ford III DATE: 1-31-2024

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

Incorporated 62-6.004, FAC

Handwritten signature and date: 3/12/24

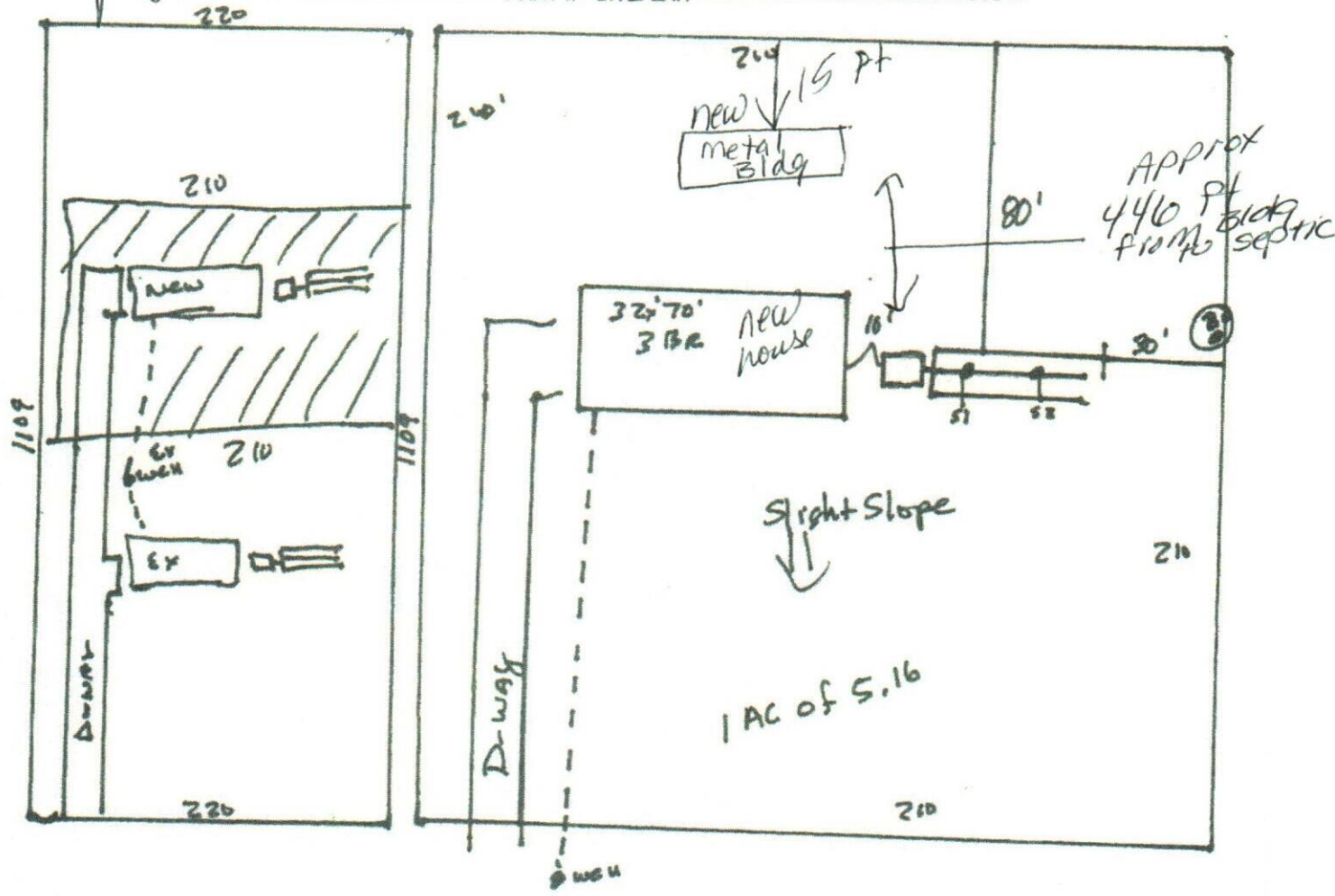
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1' 40'

Permit Application Number 24-0093

Giannone Job

PART II - SITEPLAN



Site Plan submitted by: Robert J. ... 1-31-2024

Plan Approved [Signature] Not Approved [Signature] Date 2/24
By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT