



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

PERMIT NO. 25-0826  
DATE PAID: 10/22/25  
FEE PAID: 400.00  
RECEIPT #: 2273902

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary     

APPLICANT: Jon L Haskew      EMAIL: \_\_\_\_\_

AGENT: Bryan Zecher      TELEPHONE: 386-752-8653

MAILING ADDRESS: 2370 SW SR 47, 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&3      BLOCK: \_\_\_\_\_      SUBDIVISION: Oaks of Lake City Phs 1      PLATTED: \_\_\_\_\_

PROPERTY ID #: 17-5S-17-09250-102      ZONING: Res      I/M OR EQUIVALENT: [ Y /  N ]

PROPERTY SIZE: 9.49 ACRES      WATER SUPPLY: [  PRIVATE      PUBLIC [ ] ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 3431 SW Custom Made Circle, Lake City, FL 32024

DIRECTIONS TO PROPERTY: 131 South, Right on Custom Made Cir, Left on Custom Made, 2nd house on left

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	SF Residential	3	3597	existing
2	Pavillion	0	576	existing
3	Detached Garage	0	1800	
4				

Floor/Equipment Drain       Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature]      DATE: 10/16/25

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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-2826

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

Scale: Each block represents 10 feet and 1 inch = 40 feet.



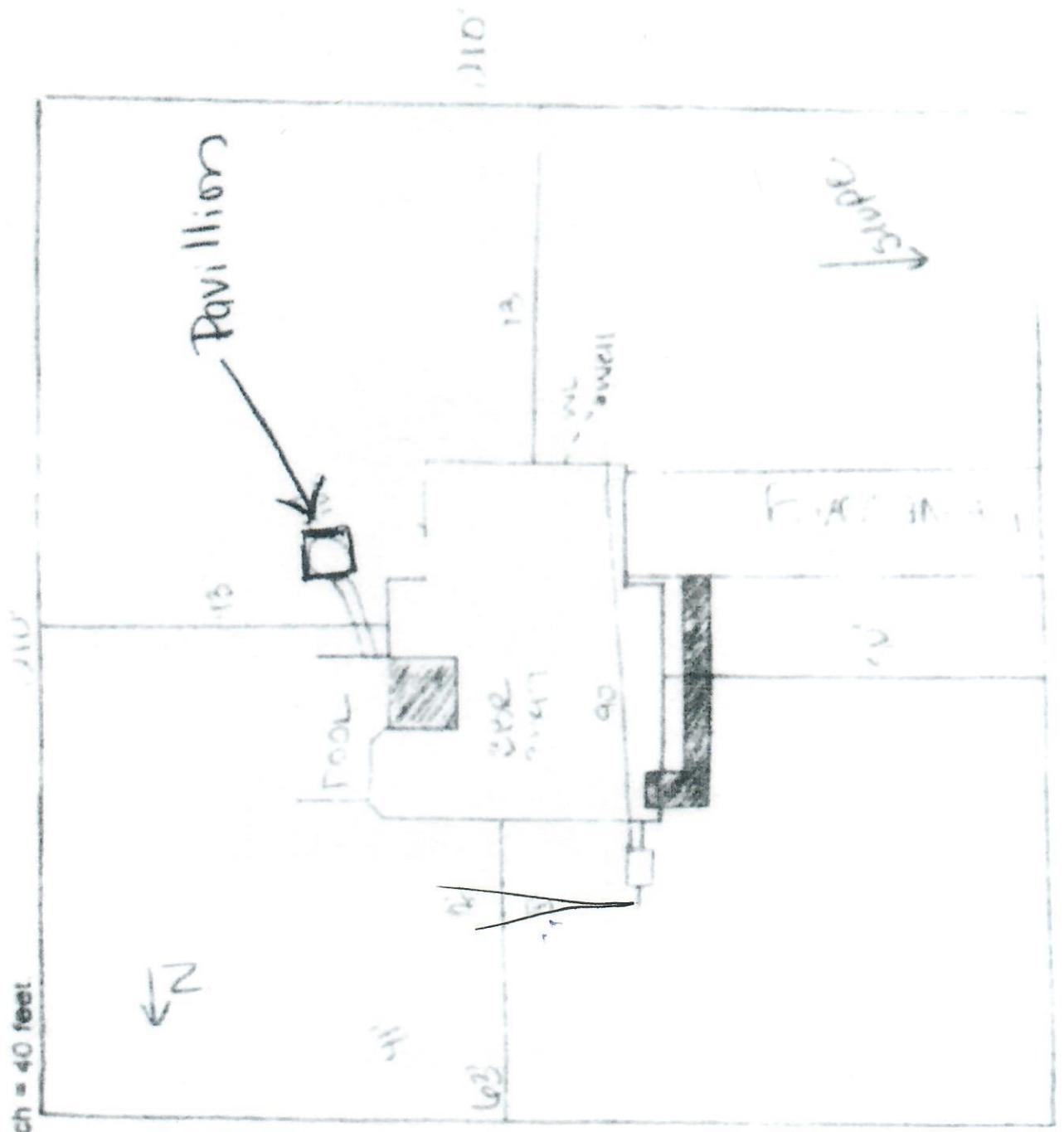
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_  
Plan Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
By [Signature] \_\_\_\_\_ County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used)  
Incorporated: 62-6.004, F.A.C.

25-0826



Scale: 1 inch = 40 feet

**APPROVED**

*[Handwritten Signature]*  
 5/2/2011  
 10/27/25

*[Handwritten Signature]* 10/16/25