



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

PERMIT NO. 24-0821  
DATE PAID: 11/5/24  
FEE PAID: 40.00  
RECEIPT #: 244853

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: TERRY JONES & Dennis Freeman EMAIL: tsjones49@outlook.com

AGENT: owner / Builder TELEPHONE: 321-377-2419

MAILING ADDRESS: \_\_\_\_\_

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: N/A SUBDIVISION: FOREST COUNTY PLATTED: \_\_\_\_\_

PROPERTY ID #: 22-49-16-03087-17 ZONING: Res I/M OR EQUIVALENT: ☒ Y / ☐ N

PROPERTY SIZE: 0.7 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y / ☐ N DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 372 SW Blackline Terrace Lake City FL 32024

DIRECTIONS TO PROPERTY:  Hwy 90 west, left on CR247, left on Mound St  
Right on long leaf Drive, Right on Pineturst left on  
Right Blackline

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>Metal Building</u> | <u>0</u> | <u>400</u> | <u>Original Attached</u> |
| 2 | _____                 | _____    | _____      | _____                    |
| 3 | _____                 | _____    | _____      | _____                    |
| 4 | _____                 | _____    | _____      | _____                    |

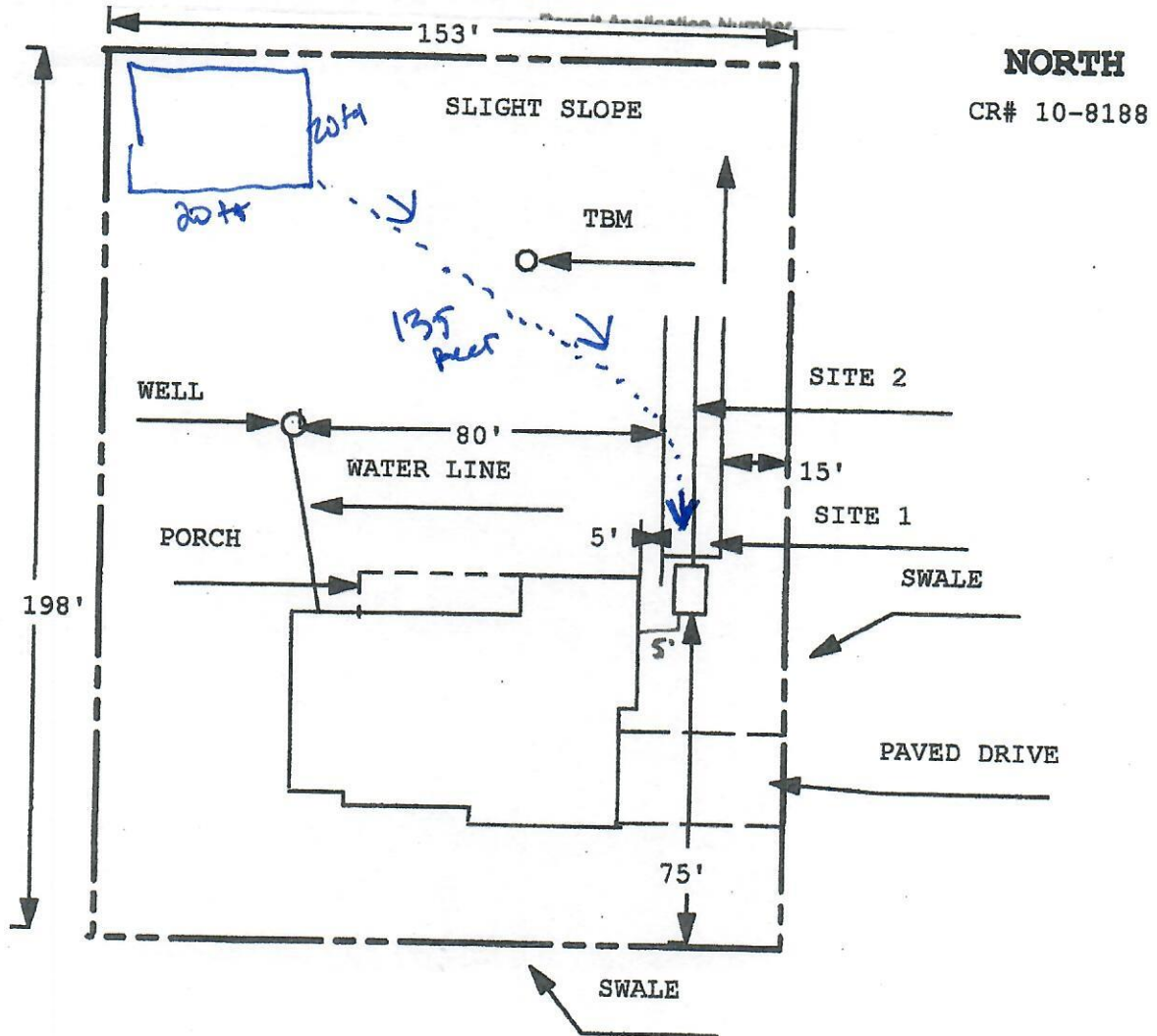
☐ Floor/Equipment Drains ☐ Other (Specify) \_\_\_\_\_

SIGNATURE: [Signature] DATE: 11/5/24

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

24-0821

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NO WELLS WITHIN 100'

1 INCH = 40 FEET

Site Plan submitted by: Terry Jones

Plan Approved ☒

Not Approved ☐

Date 11/14/24

By [Signature]

ES2 Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Incorporated: 62-8.004, F.A.C.

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