



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

PERMIT NO. 23-0632
DATE PAID: 9/2/23
FEE PAID: 200.00
RECEIPT #: 1997923

#10

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[x] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Dreamin N Driftin RV Park EMAIL: _____

AGENT: Raymond Howard Septic TELEPHONE: 867-5055

MAILING ADDRESS: 22694 CR 49 Obrien

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: 81-90 BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 25-3s-15-00211-002 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 32.9 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 8883 W Highway 90 Lake City 32055

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[] RESIDENTIAL

[x] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	RV Park	-	-	10 sites-75gallon/site
2				750 total gallons/per day
3				
4				

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

SIGNATURE: Ray H.O. DATE: 8/28/203

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0632

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

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

See attached

Notes: _____

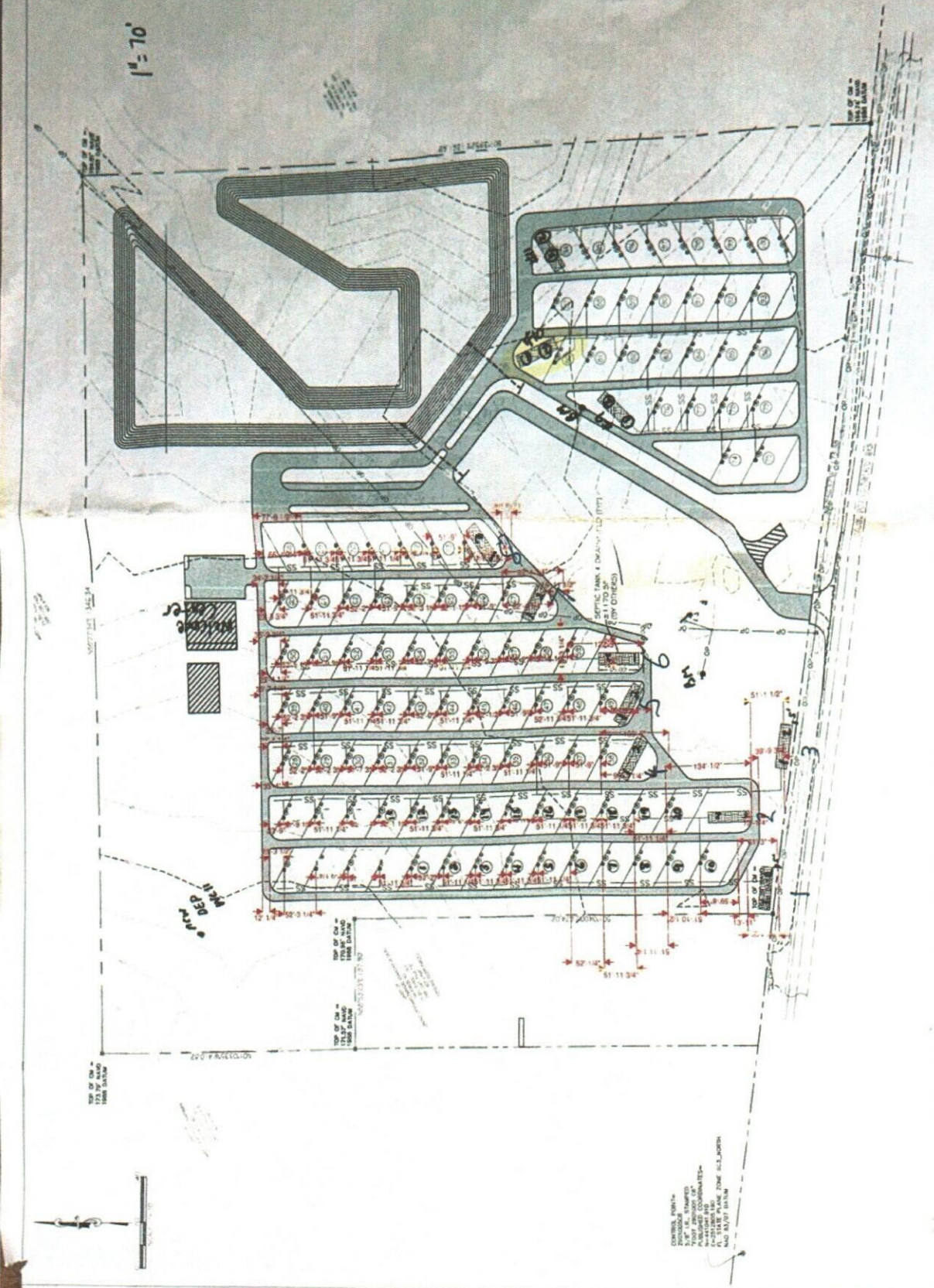
Site Plan submitted by: Ray, HO 8/28/2023

Plan Approved 5 Not Approved _____ Date 9/14/23

By [Signature] [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

23-0632



1"=70'



CONTRACT NO. 23-0632
PROJECT NO. 23-0632
DATE OF PLAN 01/11/2023
PL. STATE PLANE ZONE 14N
AND 83.07 68.14M



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

PERMIT NO. 23-0623
DATE PAID: 9/2/23
FEE PAID: 220.00
RECEIPT #: 1997927

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[x] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Dreamin N Driftin RV Park EMAIL: _____

AGENT: Raymond Howard Septic TELEPHONE: 867-5055

MAILING ADDRESS: 22694 CR 49 Obrien

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: 91-100 BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 25-3S-15-00211-002 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 32.9 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 8883 W Highway 90 Lake City 32055

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[] RESIDENTIAL

[x] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	RV Park	-	-	10 sites-75gallon/site
2				750 total gallons/per day
3				
4				

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

SIGNATURE: Katy Hel DATE: 8/28/203

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0633

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

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

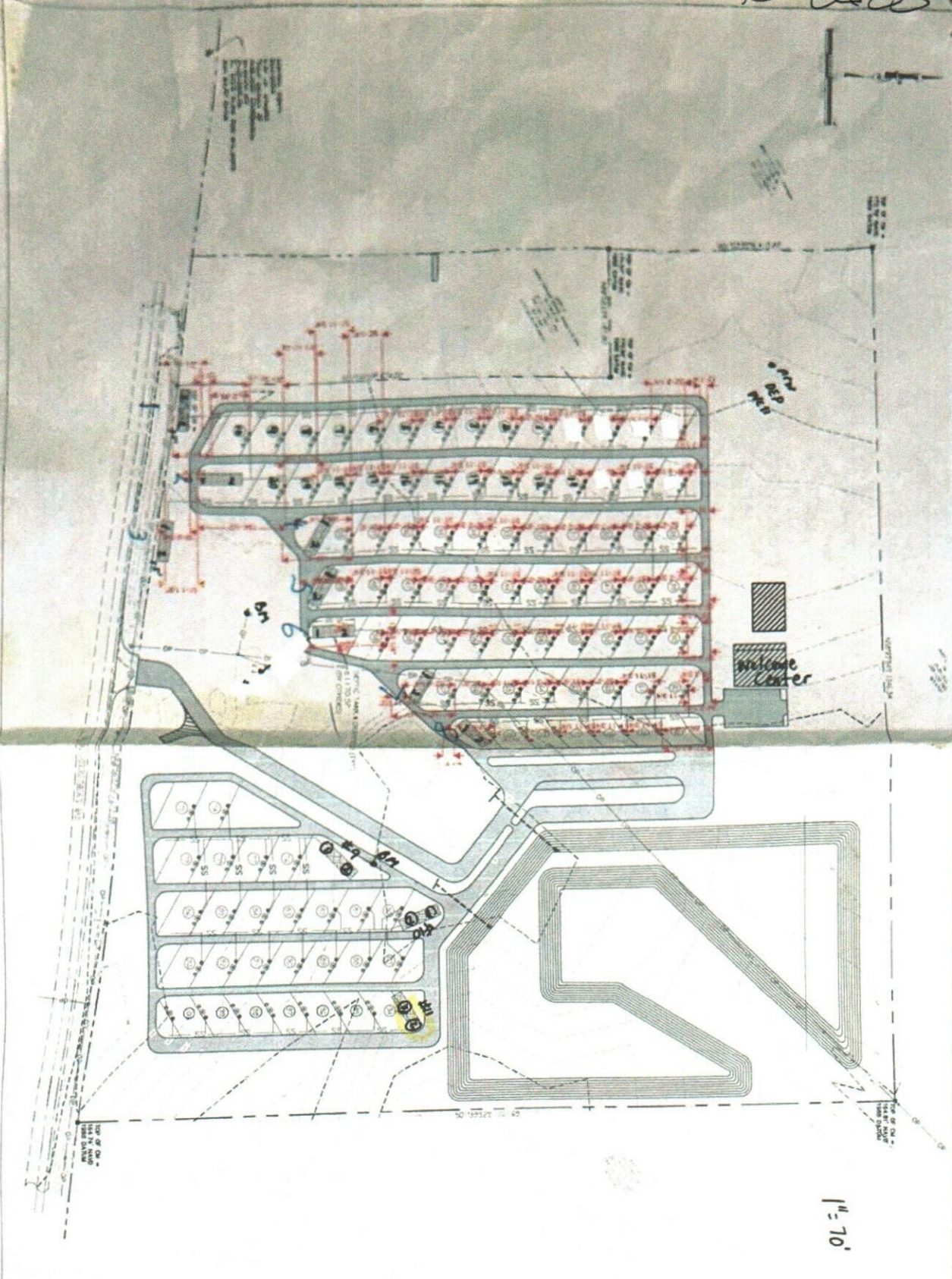
See attached

Notes: _____

Site Plan submitted by: Ray, HO 8/28/2023
Plan Approved ☒ Not Approved _____ Date 9-14-23
By Sallie Ford, Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

23-0633



1" = 70'