



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

PERMIT NO. 23-0689
DATE PAID: 9-29-23
FEE PAID: 60.00
RECEIPT #: AP2002672

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: THOMAS M KORCYL JR. EMAIL: korc2894@yahoo.com

AGENT: TOM KORCYL TELEPHONE: 210-240-6219

MAILING ADDRESS: 548 SW Mauldin Ave. 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: 9 BLOCK: _____ SUBDIVISION: Mauldin Woodlands Phase 1 PLATTED: _____

PROPERTY ID #: 33-45-16-03265-109 ZONING: A-3 I/M OR EQUIVALENT: ☐ Y / ☒ N

PROPERTY SIZE: 5 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: 548 SW Mauldin Ave. 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>Garage</u>	<u>0</u>	<u>30x50</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 09/29/23

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

Incorporated 62-6.004, FAC

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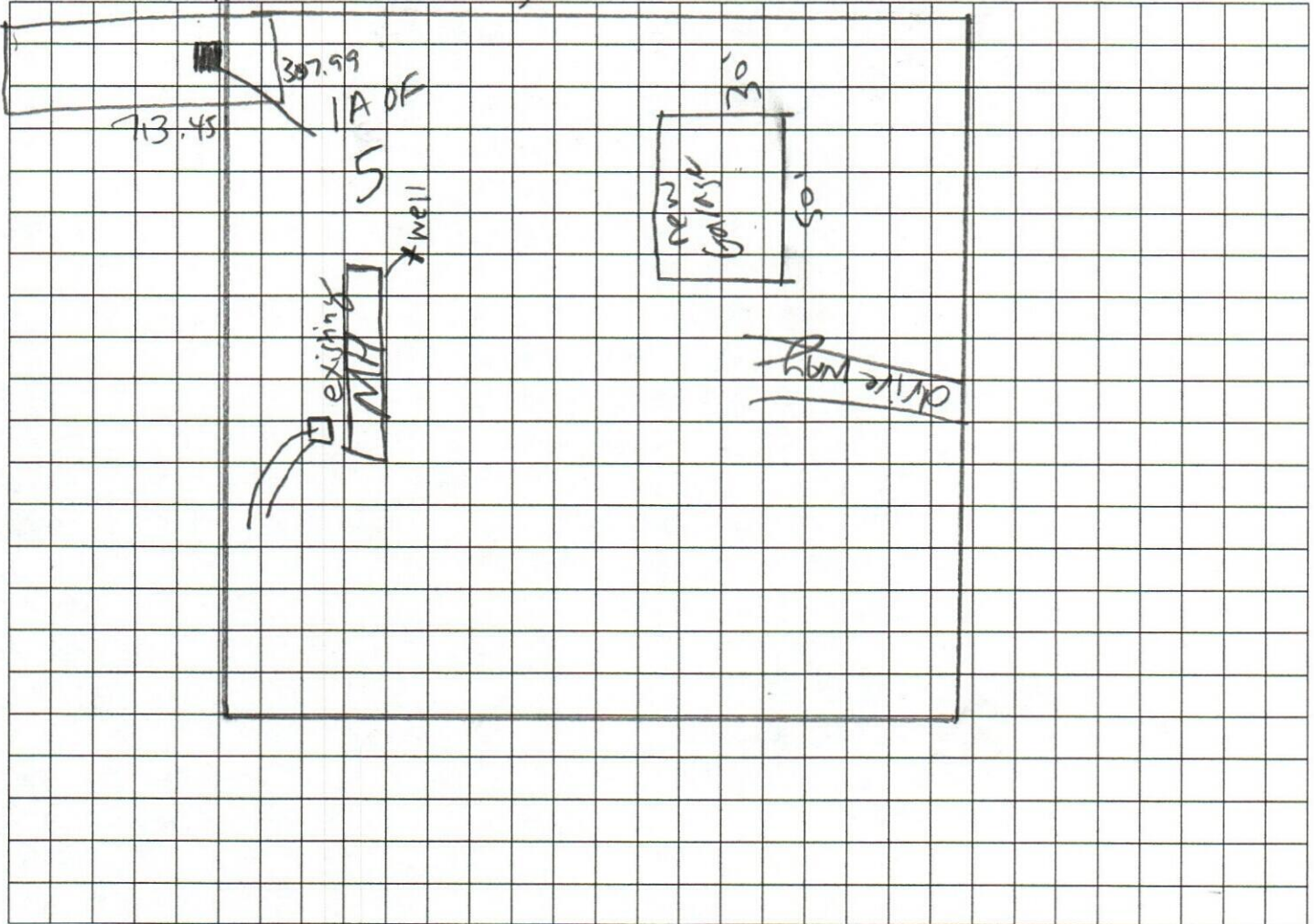
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----- PART II - SITEPLAN -----

NT

Scale: Each block represents 10 feet and 1 inch = ⁵⁰/₄₀ feet.



Notes: _____

Site Plan submitted by: _____

Plan Approved X Not Approved _____ Date 09/25/23
By Sally Ford EH Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Incorporated: 62-6.004, F.A.C.