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

PERMIT NO 25-0439
DATE PAID 6-4-25
FEE PAID $60.00
RECEIPT # 2223405

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Kim Quetel
EMAIL: KimAQuetel@gmail.com
AGENT: _____
TELEPHONE: 386-984-5987
MAILING ADDRESS 209 SW Lapaz Terr. 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

LOT: 16 BLOCK: _____ SUBDIVISION: English Acres -016 PLATTED _____
OSTDS REMEDIATION PLAN? [Y / N]
PROPERTY ID #: 16-5S-17-09267 ZONING: _____ I/M OR EQUIVALENT [Y / N]
PROPERTY SIZE 1.41 ACRES WATER SUPPLY [✓] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [Y] N] DISTANCE TO SEWER 25 FT
PROPERTY ADDRESS: 125 SW Churchill Way Lake City FL 32025
DIRECTIONS TO PROPERTY: South on 41 to English turn Rt go down to Churchill Turn L; 1st Property on the left & Corner Lot

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
Exist. 1	Mobile home	2	960	Existing ORIGINAL FOUND
2	Shed	—	96	new
3				
4				

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

SIGNATURE Kim A Quetel DATE 5/6/25

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

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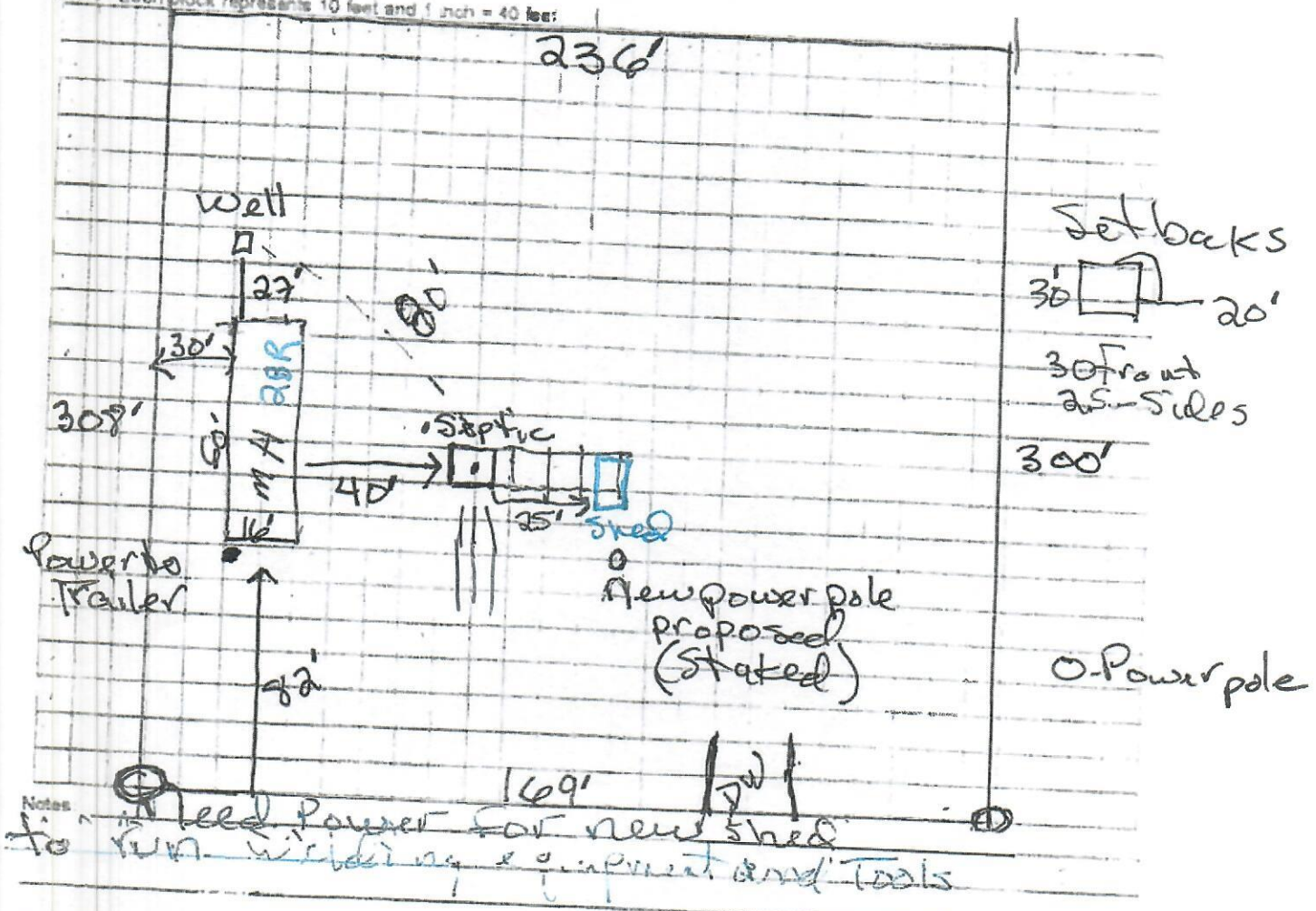
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 25-0439

PART II - SITEPLAN

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



Notes:

Site Plan submitted by Kim Quate

Plan Approved ✓ Not Approved _____

By _____ Columbia County Health Department

Date 6/6/25

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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