



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

FW

PERMIT NO. 25-0613
DATE PAID: 8/1/25
FEE PAID: 310.00
RECEIPT #: 2242495

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Gary and Sheri Borchardt

EMAIL: office.newsomesepctic@gmail.com

AGENT: Newsome Well & Septic

TELEPHONE: 352-339-9153

MAILING ADDRESS: 12718 NW 77th Terrace, Alachua, FL 32615

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: 5 BLOCK: NA SUBDIVISION: Shadow Wood Unit 2 PLATTED: _____

PROPERTY ID #: 27-6S-17-09784-105 ZONING: Ag Land I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 5.03 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: 258 SE Ripley Place, Lake City, FL 32024

DIRECTIONS TO PROPERTY: US Hwy 441 S left SE Moonlight Dr right
Shadow Wood Drive left SE Ripley Place on right

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	SFR	3	2,753	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Kyle Myers

DATE: 07/28/2025

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

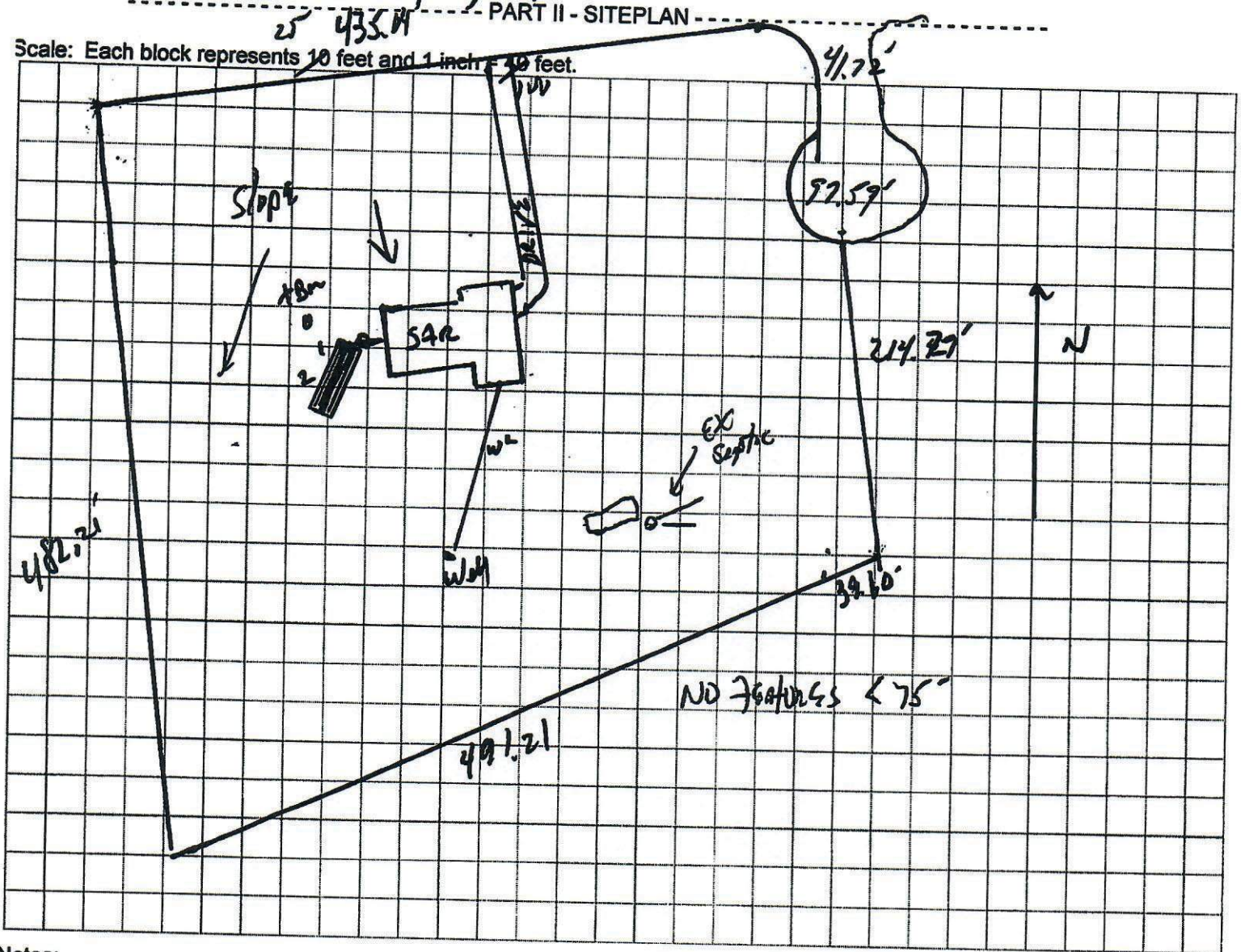
Incorporated 62-6.004, FAC

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Permit Application Number 25-06013

PART II - SITEPLAN

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



Notes: _____

Site Plan submitted by: *Erving Rucker* CENP 25-0608

Plan Approved *[Signature]* Not Approved *[Signature]* Date 8/1/25
By *[Signature]* County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT