



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

PERMIT NO. 23-0020
DATE PAID: 11/10/23
FEE PAID: 310.00
RECEIPT #: 1930012

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Cinera Group LLC EMAIL: nflsepticatank@comcast.net

AGENT: Robert Ford III- NORTH FLORIDA SEPTIC TANK INC TELEPHONE: 3867556372

MAILING ADDRESS: 741 SE STATE ROAD 100, LAKE CITY FL 32025

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: 38 BLOCK: - SUBDIVISION: Carter Place PLATTED: -

PROPERTY ID #: 05-35-17-04843-038 ZONING: - I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 1.576 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 1340 TBD NW Olive Elm, Lake City

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>MA</u>	<u>3</u>	<u>2176</u>	
2				
3				
4				

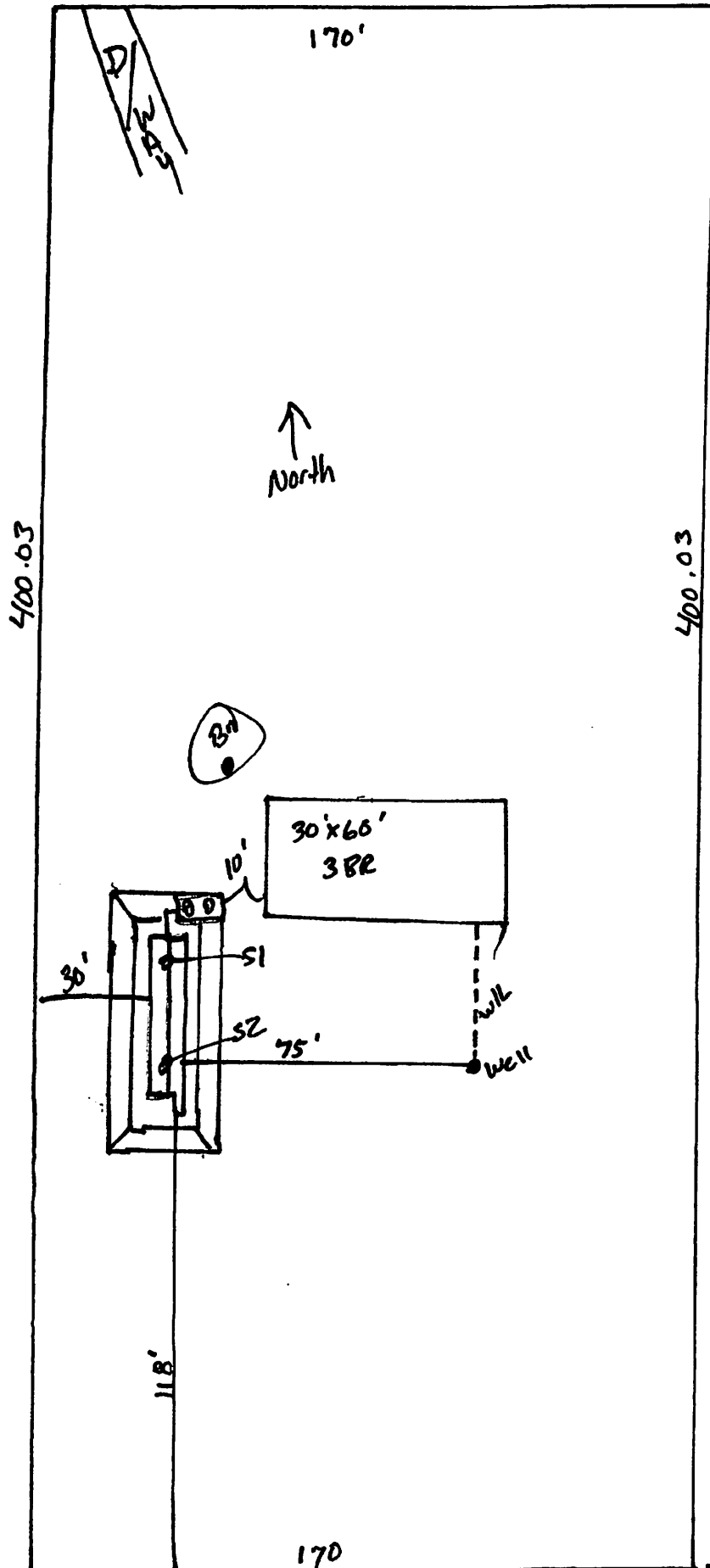
☐ Floor/Equipment Drains ☐ Other (Specify) -

SIGNATURE: Robert Ford III DATE: 1-9-2023

ASH Job

NW Olive Gln.

23-0020



Cinera Group, LLC

1"=40'

1-9-2023

Robert W. Dole

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1" = 40'

Permit Application Number 23-0020

Ash

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

See Att.

Notes: _____

Site Plan submitted by: Robert Ford Date: 1-9-2023

MASTER CONTRACTOR

Plan Approved ☒ Not Approved ☐

Date 1/10/23

By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT