



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

PERMIT NO. 25-0403
DATE PAID: 5.5.25
FEE PAID: \$60.00
RECEIPT #: 2218272

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Rick Holloway EMAIL: Amy.mcdonald1907@gmail.com
AGENT: NIA TELEPHONE: 386-1023-7922
MAILING ADDRESS: 379 SW Seville Place Lake City, FL 32055

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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 03490-024 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

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

PROPERTY ADDRESS: 379 SW Seville PL Lake City, FL 32055

DIRECTIONS TO PROPERTY: Hwy 90, Sister Welcome, Mauldin,
Dairy

BUILDING INFORMATION

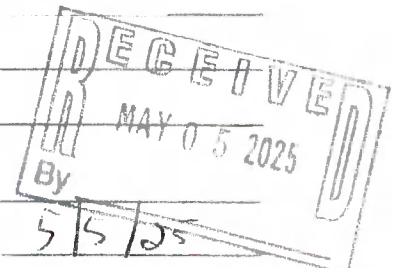
☐ RESIDENTIAL

☐ COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>Camper</u>	<u>1</u>	<u>32X13 = 416</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature] DATE: 5/5/25



Permit Application Number

25-0403

PART II - SITEPLAN

See AX

Notes:

Site Plan submitted by

Plan Approved

Not Approved

Date _____

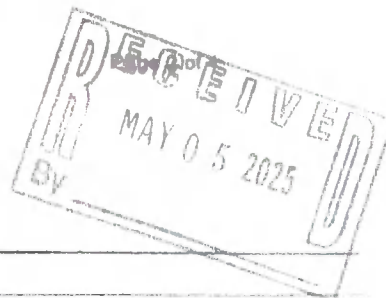
5/5/25

By

County Health Department

\$727125

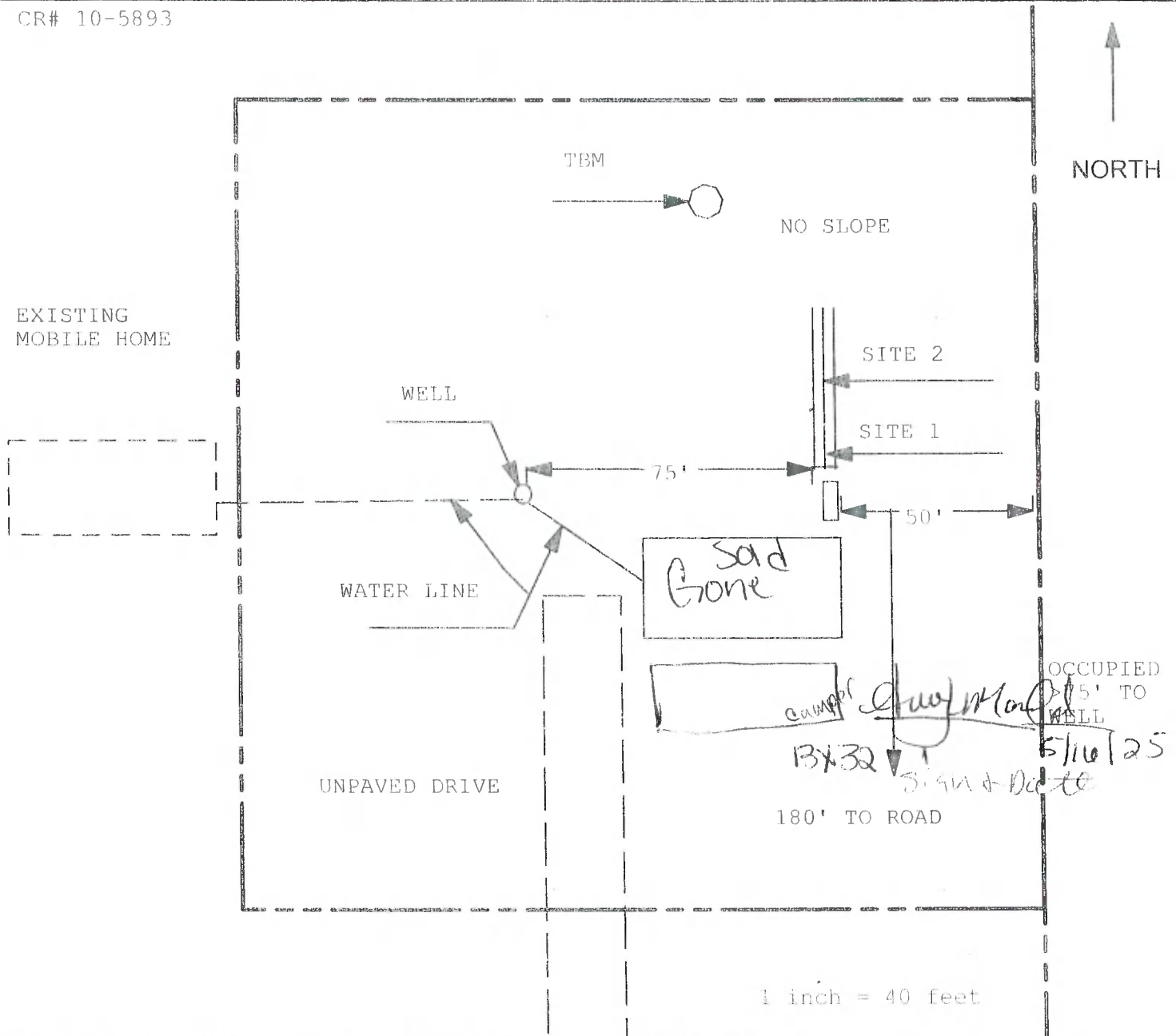
Incorporated: 62-6,004, F.A.C.



Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 25-0403

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

CR# 10-5893



Site Plan Submitted By Paul H. Kight Date 4/26/1985
Plan Approved ✓ Not Approved _____ Date None

By [Signature] Claudia CPHU
my water for kyle

Notes: CEU is what is this block of
water is gone write demand letter
gone in Box 585.