



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

PERMIT NO. 24-0229
DATE PAID: 3/12/24
FEE PAID: 400.00
RECEIPT #: 2546539

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Natalie Moody EMAIL: turnleft88@aol.com

AGENT: _____ TELEPHONE: 386-623-0204

MAILING ADDRESS: 508 NW Oglethorpe Terr

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: 6/7/8 BLOCK: B SUBDIVISION: Chadworth PLATTED: Y

PROPERTY ID #: 14-35-16-02123-016 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 6.221 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 5 FT

PROPERTY ADDRESS: 508 NW Oglethorpe Terr

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
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1	<u>mobile Home</u>	<u>1</u>	<u>792</u>	
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ORIGINAL ATTACHED

2				
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3				
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4				
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☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Natalie Moody DATE: 3/12/2024

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

Incorporated 62-6.004, FAC

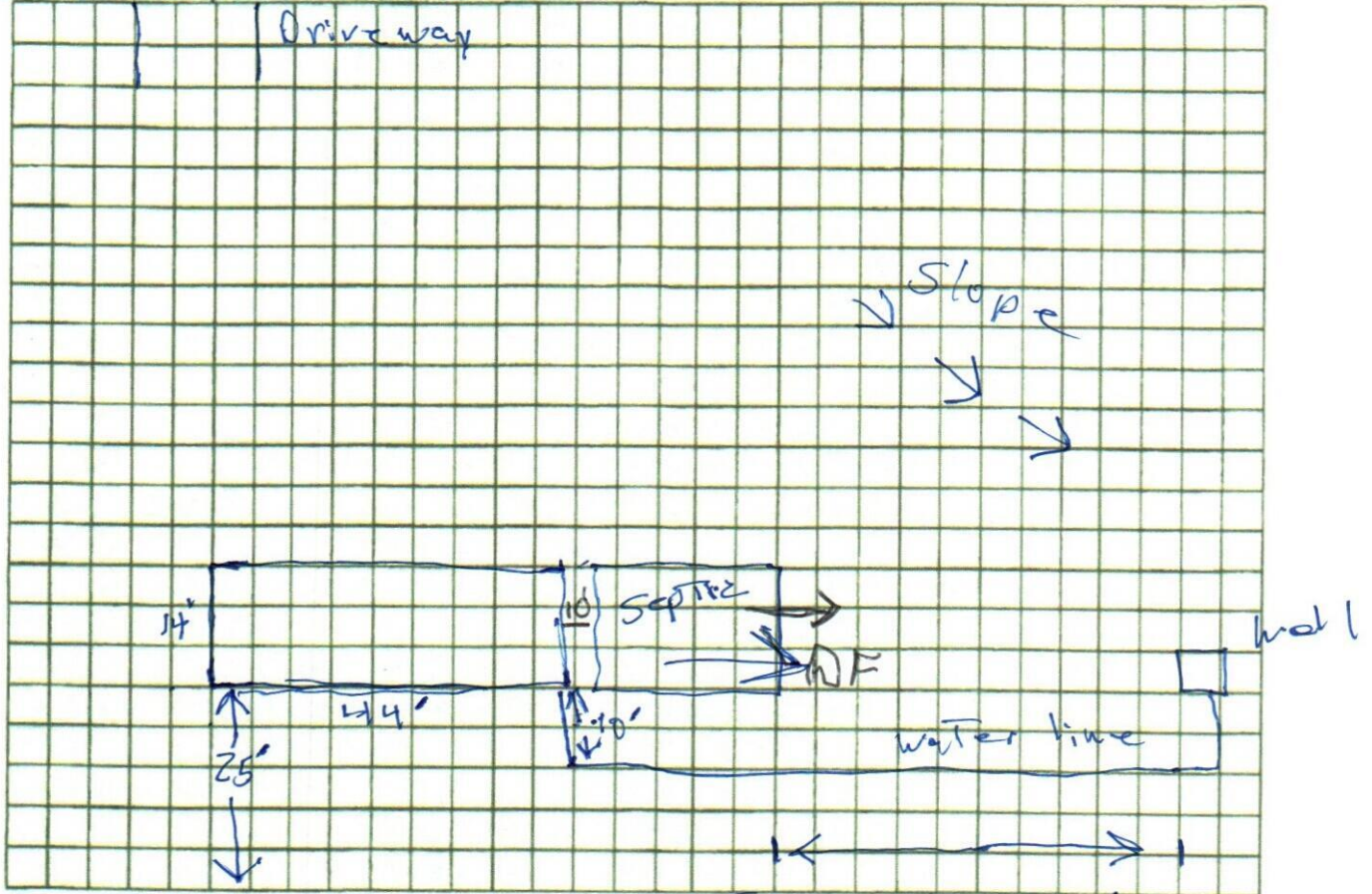
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----- PART II - SITEPLAN -----

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

N ←



Notes: NOT TO SCALE 140' Total

✓ Site Plan submitted by: Jan, Kaefer

Plan Approved ✓ Not Approved _____ Date 3/25/24
By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT