



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

PERMIT NO. 25-0028  
DATE PAID: \_\_\_\_\_  
FEE PAID: \$60.00  
RECEIPT #: \_\_\_\_\_

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Phillip Wade Feagle EMAIL: Wade Feagle 03@gmail.com

AGENT: \_\_\_\_\_ TELEPHONE: 386-984-5584

MAILING ADDRESS: 241 N.E. Lynx Ct. Lake City, FL 32055

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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.

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PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? [ Y / N ]

LOT: 17 BLOCK: A SUBDIVISION: Swansee Hills PLATTED: \_\_\_\_\_

PROPERTY ID #: 21-2S-16-01689-117(589) ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 531 N.W. Sugar cane Pl

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>mobile Home</u>	<u>3</u>	<u>1512</u>	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: P. Wade Feagle DATE: 1-6-2025

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

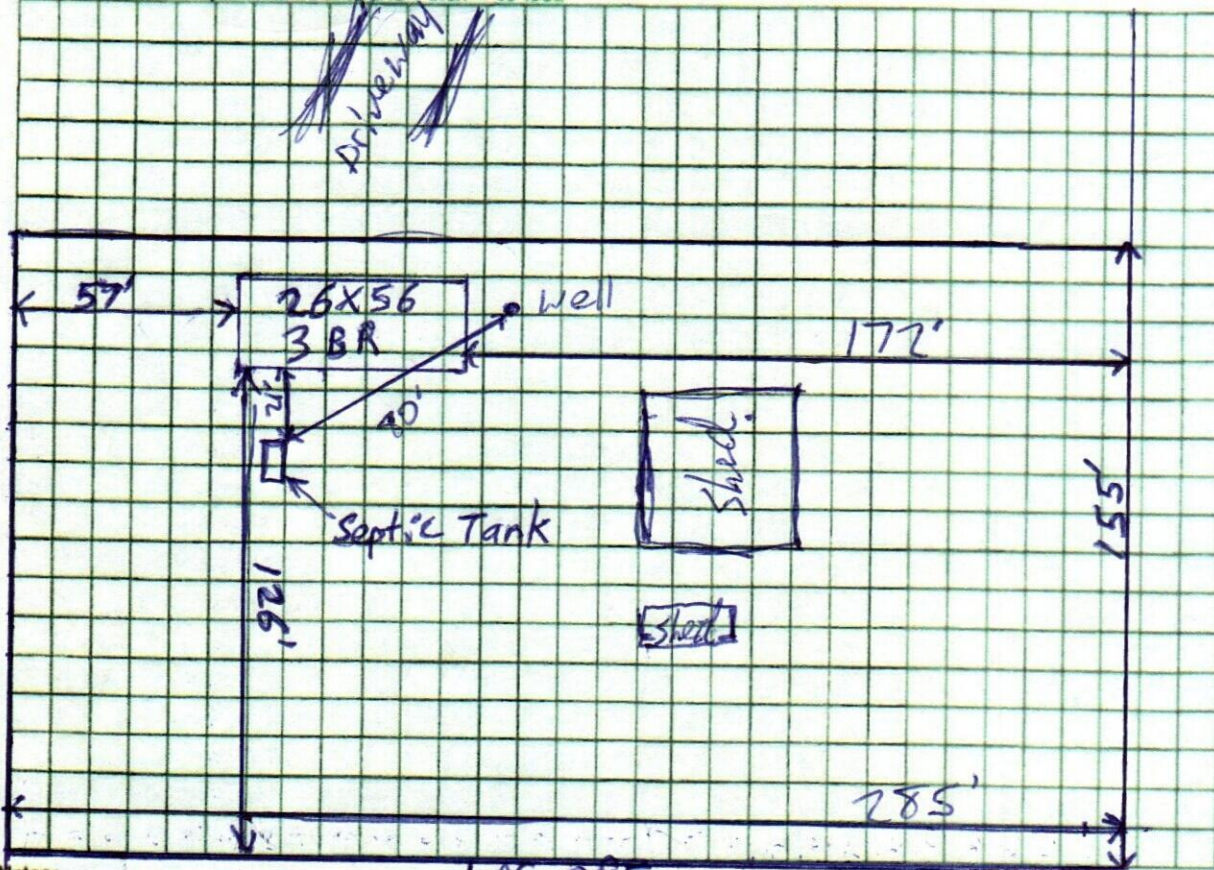
Incorporated 62-6.004, FAC

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

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



Notes:

Site Plan submitted by: P. J. W. Treagle

Plan Approved ☒

Not Approved ☐

Date 1/12/25

By [Signature]

CR Columbia

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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Incorporated: 62-6.004, F.A.C.