

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

PERMIT NO. DATE PAID: FEE PAID:

FEE PAID:

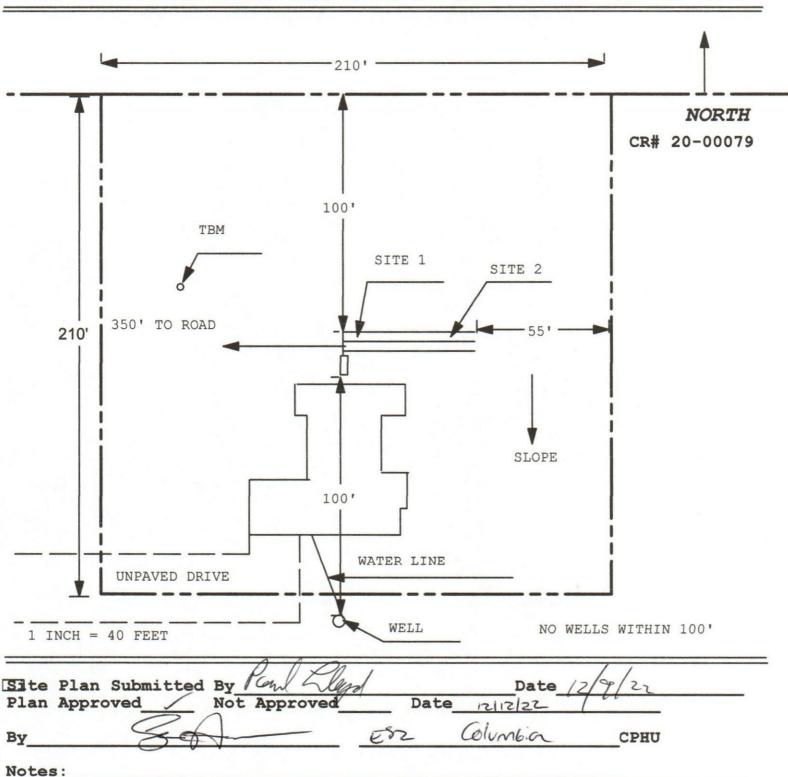
APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR: [X] New System [[] Repair [] Existing Sys	stem [] Holding Tank	[] I	nnovative
APPLICANT: FREDERICK PEI	RRY				
AGENT: FREDERICK PERRY	CONSTRUCTION		TE	ELEPHONE: (3	386) 984-9586
MAILING ADDRESS: 31111 RO	DY LANE		EUSTIS		FL 32370
TO BE COMPLETED BY APPLI BY A PERSON LICENSED PUF APPLICANT'S RESPONSIBILI PLATTED (MM/DD/YY) IF RE	RSUANT TO 489.10	5(3)(m) OR OCUMENTATIO	489.552, FLORIDA N OF THE DATE TO	A STATUTES HE LOT WAS	CREATED OR
PROPERTY INFORMATION					
LOT: N/A BLOCK: N/A	SUBDIVISION	: METES AN	D BOUNDS	PL.	ATTED:
PROPERTY ID #: 14-4S-15-00	0369-005	ZONIN	G: <u>RES</u> I/M C	OR EQUIVAL	LENT: [NO]
PROPERTY SIZE: 10.680 AC	RES WATER SUPP	LY: [X] PR	IVATE PUBLIC []<=2000G	PD []>2000GPD
IS SEWER AVAILABLE AS PE	ER 381.0065, FS?	[NO]	DIST	ANCE TO S	EWER: N/A FT
PROPERTY ADDRESS: 699 SA	BRE LANE LAKE CI	TY			
DIRECTIONS TO PROPERTY:	Carlotte Control of the Carlot		N COUNTY ROAD 24 TELY 1 1/2 MILES C		TURN RIGHT ON
BUILDING INFORMATION [X] RESIDENTIAL	L [] COM	MERCIAL		
Unit Type of No. Establishment	No. of Bedrooms		Commercial/Inst		
1 HOUSE	4	2,266			
2					
3					
4					
[] Floor/Equipment Dr	rains [] Other	r (Specify)	1		
SIGNATURE: Treda	- Teing			DATE:	12/7/22

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC

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

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT





STATE OF FLORIDA DEPARTMENT OF HEALTH ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM

PERMIT #: 12-SC-2621465

APPLICATION #: AP1925704

DATE PAID: 12/12/22

FEE PAID: 310,00

RECEIPT #:____

DOCUMENT #: PR1881510

CONSTRUCTION PERMIT				
APPLICANT: FREDER				
PROPERTY ADDRESS:	699 SW SABRE L	ake City, FL 32024		
LOT:	BLOCK:	SUBDIVISION:		-
PROPERTY ID #: 00	369-005	****	[SECTION, TOWNSHIP, RANGE, PAR [OR TAX ID NUMBER]	CEL NUMBER]
SATISFACTORY PERFO WHICH SERVED AS PERMIT APPLICATION ISSUANCE OF THIS	ORMANCE FOR ANY A BASIS FOR IS SUCH MODIFIC PERMIT DOES NO	SPECIFIC PERIOD SUANCE OF THIS P ATIONS MAY RESULT	MENT APPROVAL OF SYSTEM DO: OF TIME. ANY CHANGE IN ERMIT, REQUIRE THE APPLICANT IN THIS PERMIT BEING MADE PLICANT FROM COMPLIANCE WITH	ES NOT GUARANTEE MATERIAL FACTS, T TO MODIFY THE NULL AND VOID.
SYSTEM DESIGN AND S T [1,050] GALLO		Multi-Chambered Septic N/A		
N [] GALLON	S GREASE INTERCEPT	OR CAPACITY [MAXIMU	M CAPACITY SINGLE TANK:1250 GAL LLONS @[]DOSES PER 24 HRS	LONS] #Pumps []
A TYPE SYSTEM:	FEET N	/A SYSTEM	MOUND []	-
4				
		ar tree west of system site		
			FT] [ABOVE / BELOW] BENCHMARK/F	
FILL REQUIRED:	[0.00] INCHES	EXCAVATION REO	UIRED: [] INCHES	
			rsons (2 per bedroom), for a total estimate	ed flow of
SPECIFICATIONS BY:	PAUL LLOYD		FITLE: PSE	
APPROVED BY:	Sean F Havens	TITLE: Environme	ental Specialist I	Columbia CHD
ATE ISSUED:	12/12/2022		EXPIRATION DATE:	06/12/2024
H 4016, 08/09 (Obsc		editions which may	not be used)	

SE1799729