



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

PERMIT NO. 24-0185
DATE PAID: 3/28/24
FEE PAID: 318.00
RECEIPT #: 2843270

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

[*] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: Angel Cardoso EMAIL: _____

AGENT: Raymond Septic TELEPHONE: 590-4884

MAILING ADDRESS: 22694 CR 49 Obrien

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 #: 04-6S-17-09597-009 ZONING: _____ I/M OR EQUIVALENT: [Y / (N)]

PROPERTY SIZE: 10.35 ACRES WATER SUPPLY: [*] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: SW Haltiwanger Rd Lake City 32024

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	MH	3	1152	
2				
3				
4				

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: [Signature] DATE: 2/24/2024

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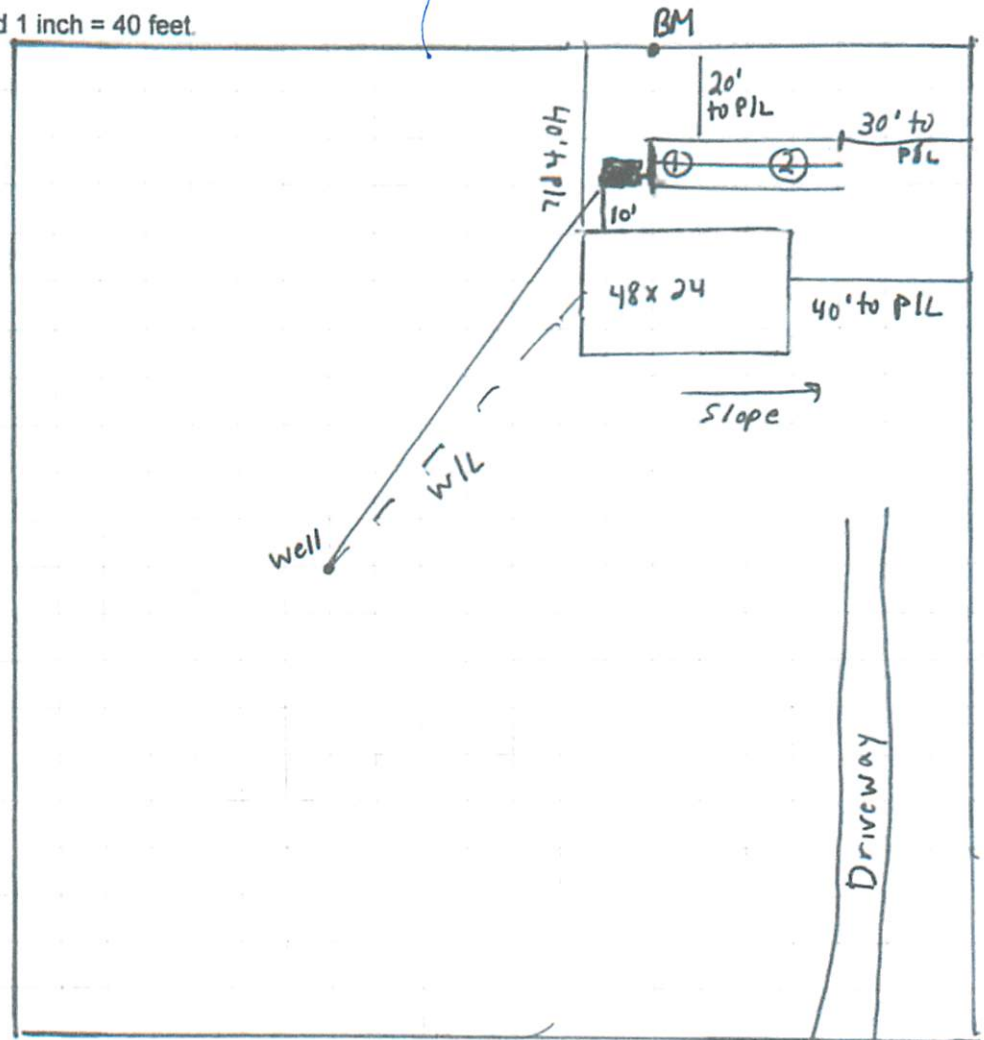
Permit Application Number

24-0185

PART II - SITEPLAN

1 acre of 10.35

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



Notes:

Halitwanger Rd

Kelly B. 2/24/24

Site Plan submitted by:

Ready HQ

2/24/2024

Plan Approved

Not Approved

Date

2/8/24

By

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

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

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