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

PERMIT NO. 23-0389
DATE PAID: 5/24/23
FEE PAID: 60.00
RECEIPT #: AP19678978

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:
[ ] New System [✓] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Betsy Soto EMAIL: betsygsoto@gmail.com

AGENT: _____ TELEPHONE: 786 942-9190

MAILING ADDRESS: 23676 S. US Hwy 441 High Springs, FL 32643

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: 24 BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 30 7S 10058-264 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 4.19 ACRES WATER SUPPLY: [✓ PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 672 SW Magnolia Ln Fatwhite, FL 32038

DIRECTIONS TO PROPERTY: Off of SR27 onto Mapleton St. Drive to dead end onto Woodlaut St. and make right turn, Continue on Woodland st approximately 2 blocks to Magnolia Ln. and make rt. 2nd 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	RV	1	240	
2	Single family Residence	3	1428	
3				
4				

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

SIGNATURE: Betsy Soto DATE: 5/23/23

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

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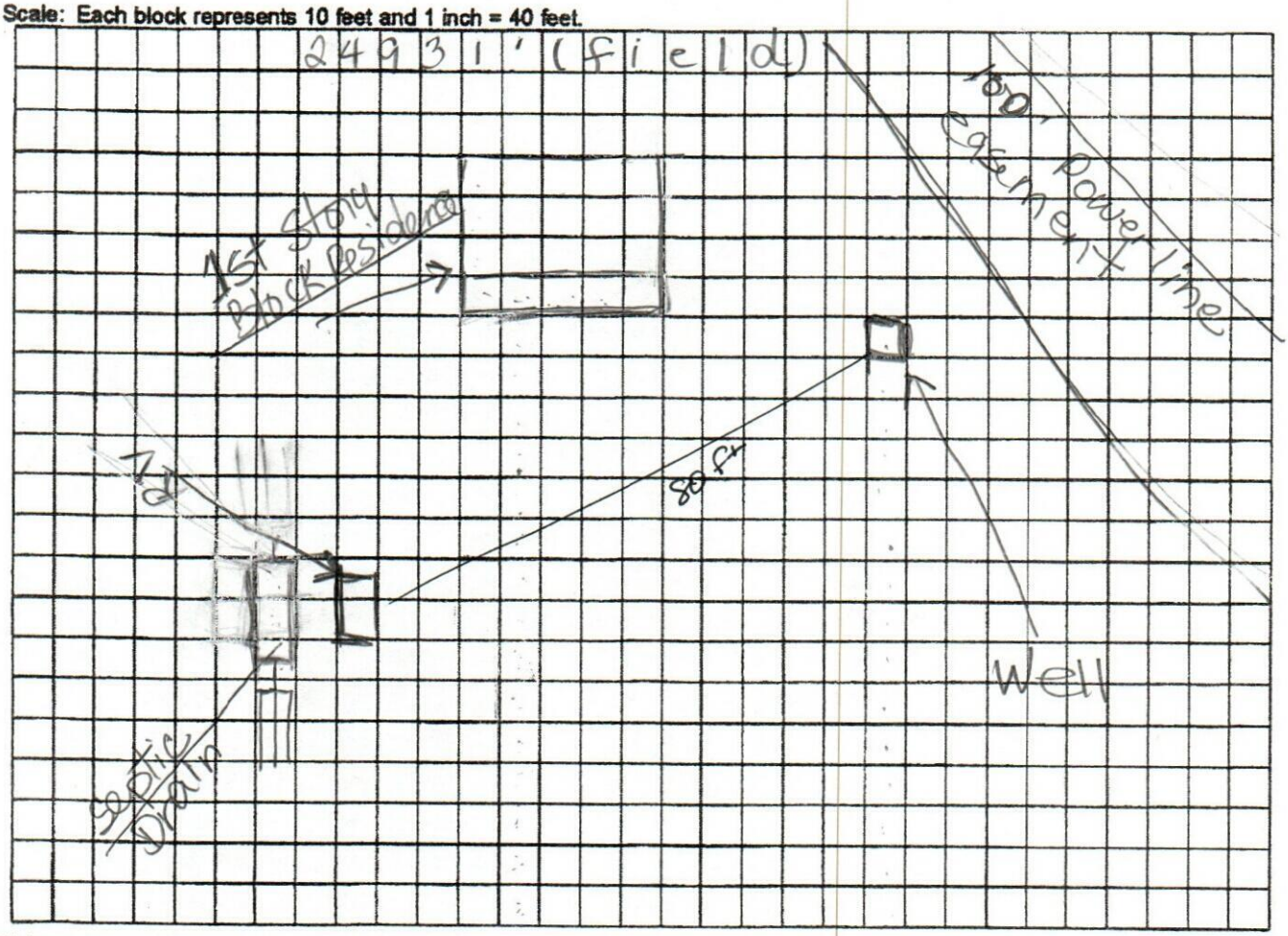
---------- PART II - SITEPLAN ----------

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



Notes: _____

Site Plan submitted by: Betsy Soto — Owner

Plan Approved ✓ Not Approved _____ Date 5/24/23

By Cassandra Banks ESI Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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