



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

PERMIT NO. 24-0544
DATE PAID: 2/26/04
FEE PAID: 200.00
RECEIPT #: 2100000

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: DAVID BURDGE EMAIL: deburdge@yahoo.com

AGENT: _____ TELEPHONE: 239-464-4826

MAILING ADDRESS: 245 N.W. DON HART WAY, WHITE SPRINGS, FL 32096

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: N/A BLOCK: N/A SUBDIVISION: N/A PLATTED: N/A

PROPERTY ID #: 24-2S-15 0200/0200 ZONING: A-3 I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 6 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ $\leq 2000\text{GPD}$ ☐ $> 2000\text{GPD}$

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: 245 N.W. DON HART WAY, WHITE SPRINGS, FL 32096

DIRECTIONS TO PROPERTY: NORTH U.S. 41, LEFT SUWANNE VALLEY RD,
RIGHT DON HART WAY

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>WORKSHOP</u>	<u>0</u>	<u>400</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☒ Other (Specify) NONE

SIGNATURE: David Burdge DATE: 6-26-24

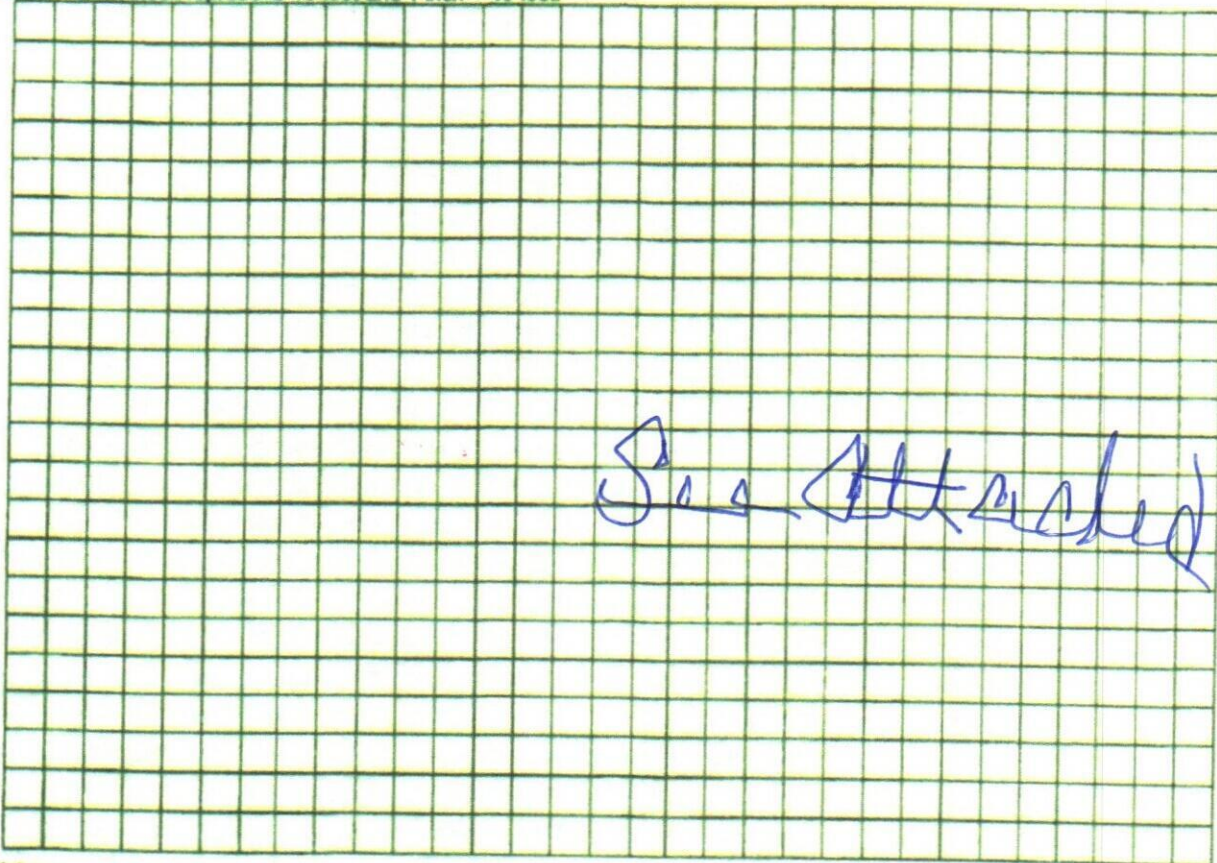
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Permit Application Number

24-0544

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

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



Notes: _____

Site Plan submitted by: David Hurdge

Plan Approved ☒

Not Approved ☐

Date 6/28/24

By [Signature]

ES2

Columbia

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.

DATE OF CERTIFICATE	11/21/2018
DATE OF FIELD SURVEY	11/20/2018
SURVEY MADE ON, OR THE DATE OF FIELD SURVEY BROWN HERON, NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL, INDEXED SET OF THE FLORIDA LICENSED SURVEYOR AND MAPPER	
GREGORY J. & JENNIFER MCCrackEN CLIFTON T. & PAAMELA FAYE WORTEN BRENT E. BARS, P.A. OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY	
BRAN SCOTT DANIEL, PSW	
BRAN SCOTT DANIEL, PSW	
FLORIDA CERTIFICATE NO. 6449	
WAPPER	
FIELD BOOK	
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