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

PERMIT NO. 24-0664
DATE PAID: 9-10-24
FEE PAID: 60.00
RECEIPT #: ~~21~~ 2144849

APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: Al Milton EMAIL: al.milton@fortiline.com

AGENT: _____ TELEPHONE: 386-288-8149

MAILING ADDRESS: 1157 SW Paul Pearce Ln. Lake City FL 32024

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 #: 21-5S-17-09314-004 (34165) ZONING: Res I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

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

PROPERTY ADDRESS: 1213 SW Paul Pearce Ln Lake City FL 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	Home	3	2400	NO ORIGINAL FOUND
2				
3				
4				

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

SIGNATURE: _____ DATE: 8-23-24

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

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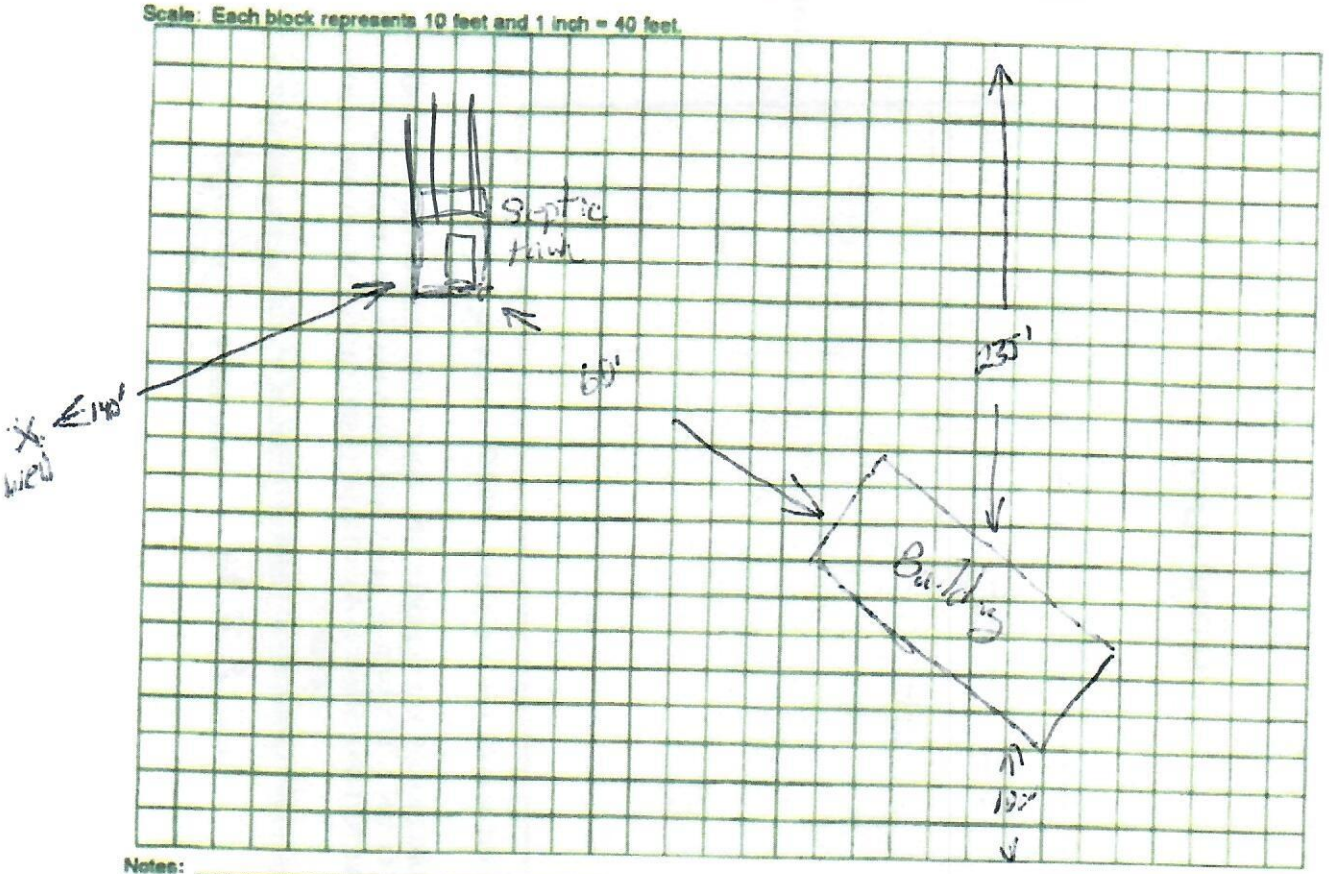
PART II - SITEPLAN

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



Notes: well is located on adjoing property also owned by me.

Site Plan submitted by:

Plan Approved ✓ Not Approved ____ Date 9/11/24

By ESE Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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