



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

PERMIT NO. 24-0146
DATE PAID: 2/15/24
FEE PAID: 284031.64
RECEIPT #: 284031.64

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Derrick L. Hall EMAIL: dhall@Cerservice.com

AGENT: _____ TELEPHONE: (386) 397-0960

MAILING ADDRESS: 295 NW Ambleside Dr. Lake City FL 32055

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: 37 BLOCK: 2 SUBDIVISION: Cobblestone PLATTED: _____

PROPERTY ID #: 24-35-16-0225-137 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.06 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ (Y) / N] DISTANCE TO SEWER: 50 FT

PROPERTY ADDRESS: 295 NW Ambleside Dr Lake City, FL 32055

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	<u>Garage</u>	<u>/</u>	<u>900</u>	<u>2A-0922</u>
2				
3				
4				

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

SIGNATURE: Derrick L Hall DATE: 2/15/24

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

Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

24-0146

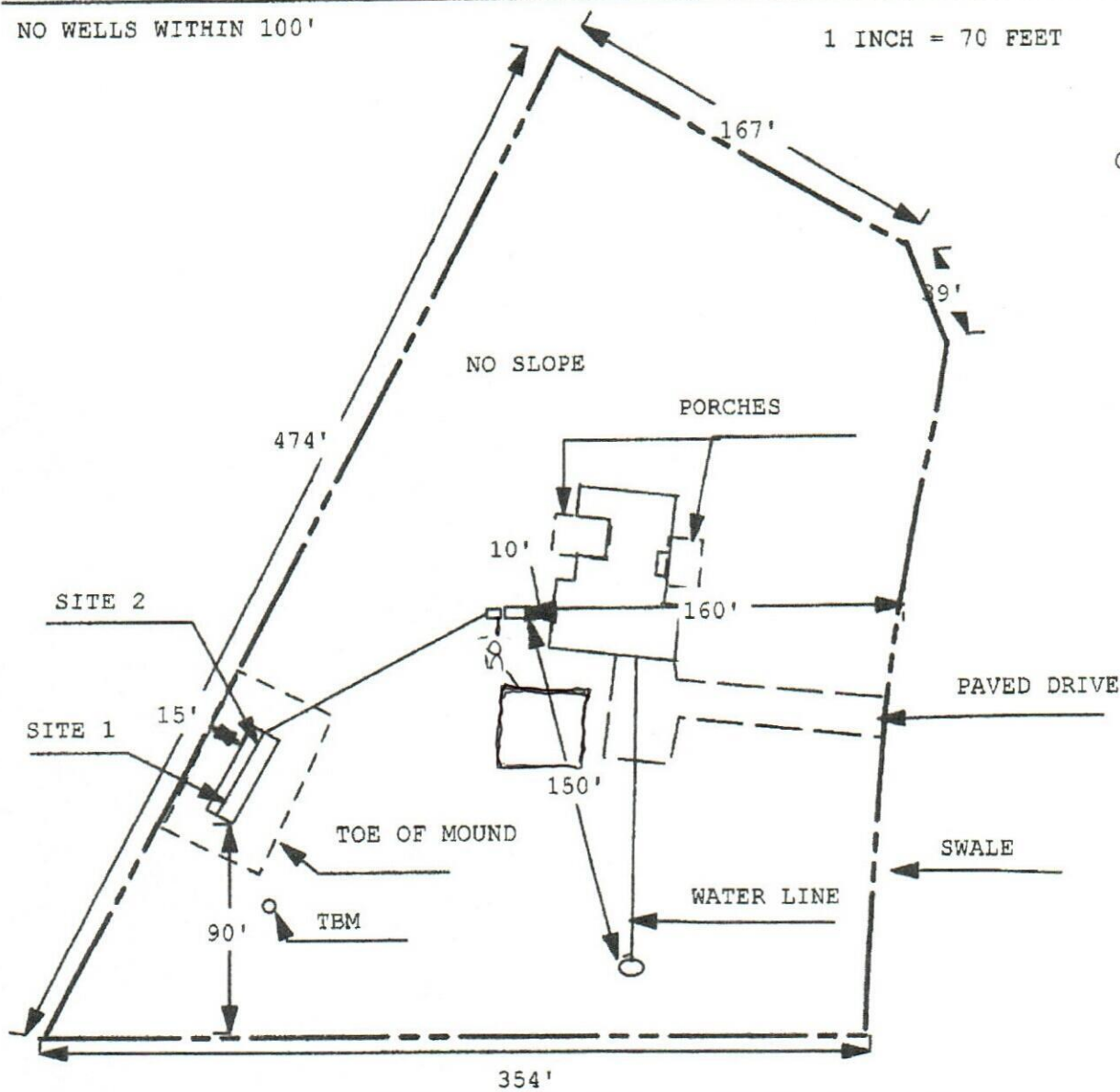
PART II - SITEPLAN

NO WELLS WITHIN 100'

1 INCH = 70 FEET

NORTH

CR# 10-7851



Site Plan submitted by: Daryl L Hall

Plan Approved ☒ Not Approved ☐

Date 2/15/24

By Sallie Ford EH Director Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT