



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

PERMIT NO. 22-0986  
DATE PAID: 12/12/22  
FEE PAID: 60.00  
RECEIPT #: AP1925646

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: TAMMIE SCHULTE EMAIL: schulte943@gmail.com

AGENT: \_\_\_\_\_ TELEPHONE: 386-454-8444

MAILING ADDRESS: 346 SW VIKING CT., 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: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 09-75-17-09964-001 ZONING: A4 I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 8.5 ACRES WATER SUPPLY: [ ☒ PRIVATE PUBLIC [ ] ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 346 SW VIKING CT., HIGH SPRINGS, FL 32643

DIRECTIONS TO PROPERTY: SO ON 441, T.R. CR 778, 2.10 MI TR ON VIKING CT, 600' TO gate ON LEFT

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>Shed</u>	<u>0</u>	<u>448</u>	
2				
3				
4				

[ ] Floor/Equipment Drains [ ] Other (Specify) \_\_\_\_\_

SIGNATURE: Tammie Schulte DATE: 12/12/22

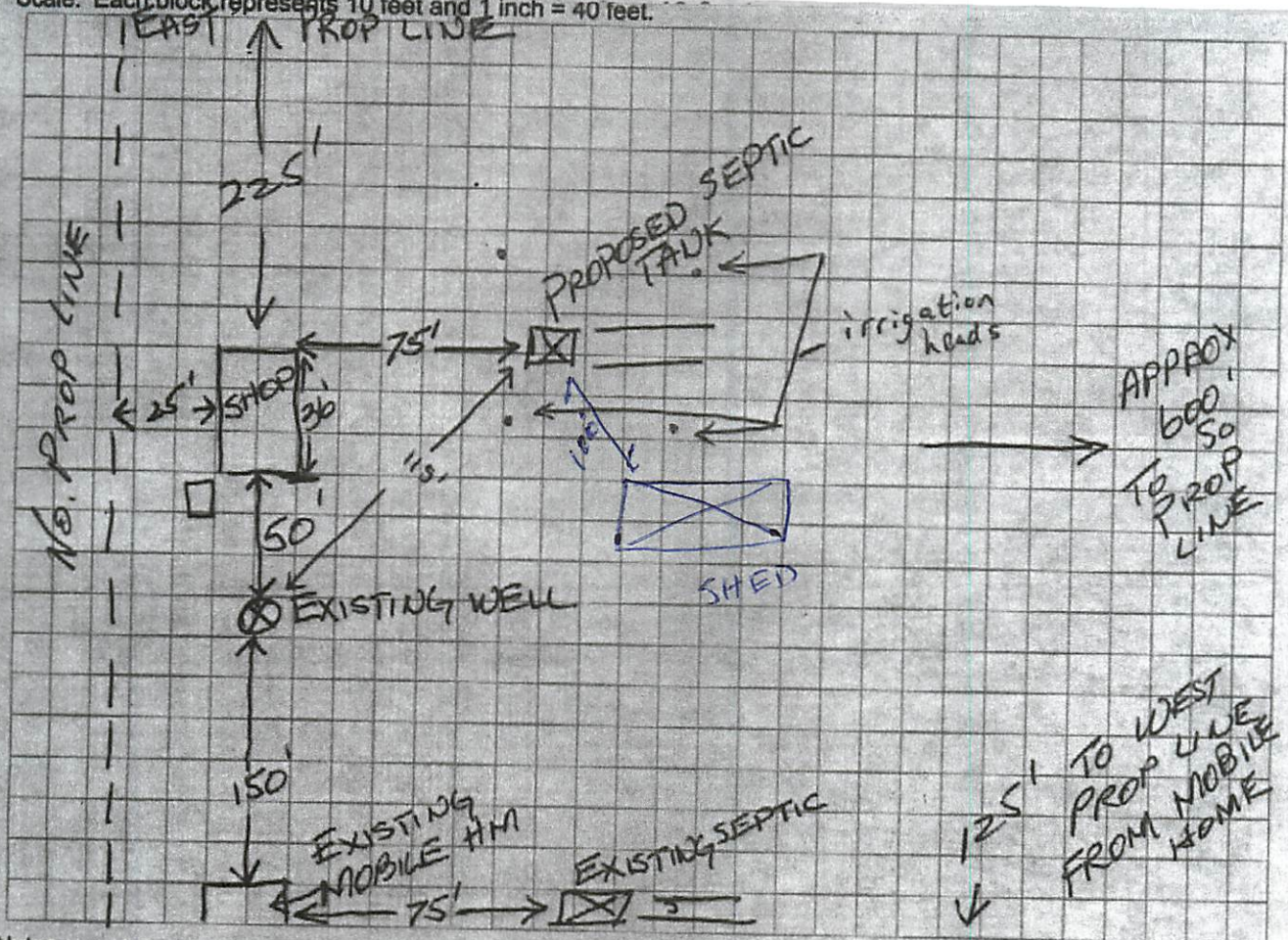


STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0986

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

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



Notes:

*Property not in flood zone. Shop size is 36' x 16'.*

Notes:

Site Plan submitted by: \_\_\_\_\_ Agent: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Approved ☒ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

By Bunda 12/12/22 COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT