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

CR # 24-00232
PERMIT NO. 24-0637
DATE PAID: 8/8/24
FEE PAID: 310.00
RECEIPT #: 2118425

APPLICATION FOR CONSTRUCTION PERMIT

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

APPLICANT: CINDY DUPREE / GARY THOMPKIN BUILDERS EMAIL: Office@howardseptic.com

AGENT: HOWARD SEPTIC TELEPHONE: (386) 935-1518

MAILING ADDRESS: PO BOX 180 BRANFORD FL 32008

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: METES AND BOUNDS PLATTED:

PROPERTY ID #: 01-4S-15-00321-004 ZONING: AG I/M OR EQUIVALENT: [NO]

PROPERTY SIZE: 6.000 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [NO] DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 242 SW LUMBARDY WAY LAKE CITY

DIRECTIONS TO PROPERTY: TAKE 90 WEST.TURN LEFT ON PINE MT. TURN RIGHT ON LUMBARDY WAY. 2ED ON LEFT.

BUILDING INFORMATION [X] RESIDENTIAL [ ] COMMERCIAL

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 62-6, FAC
1	HOUSE	3	1885	
2				
3				
4				

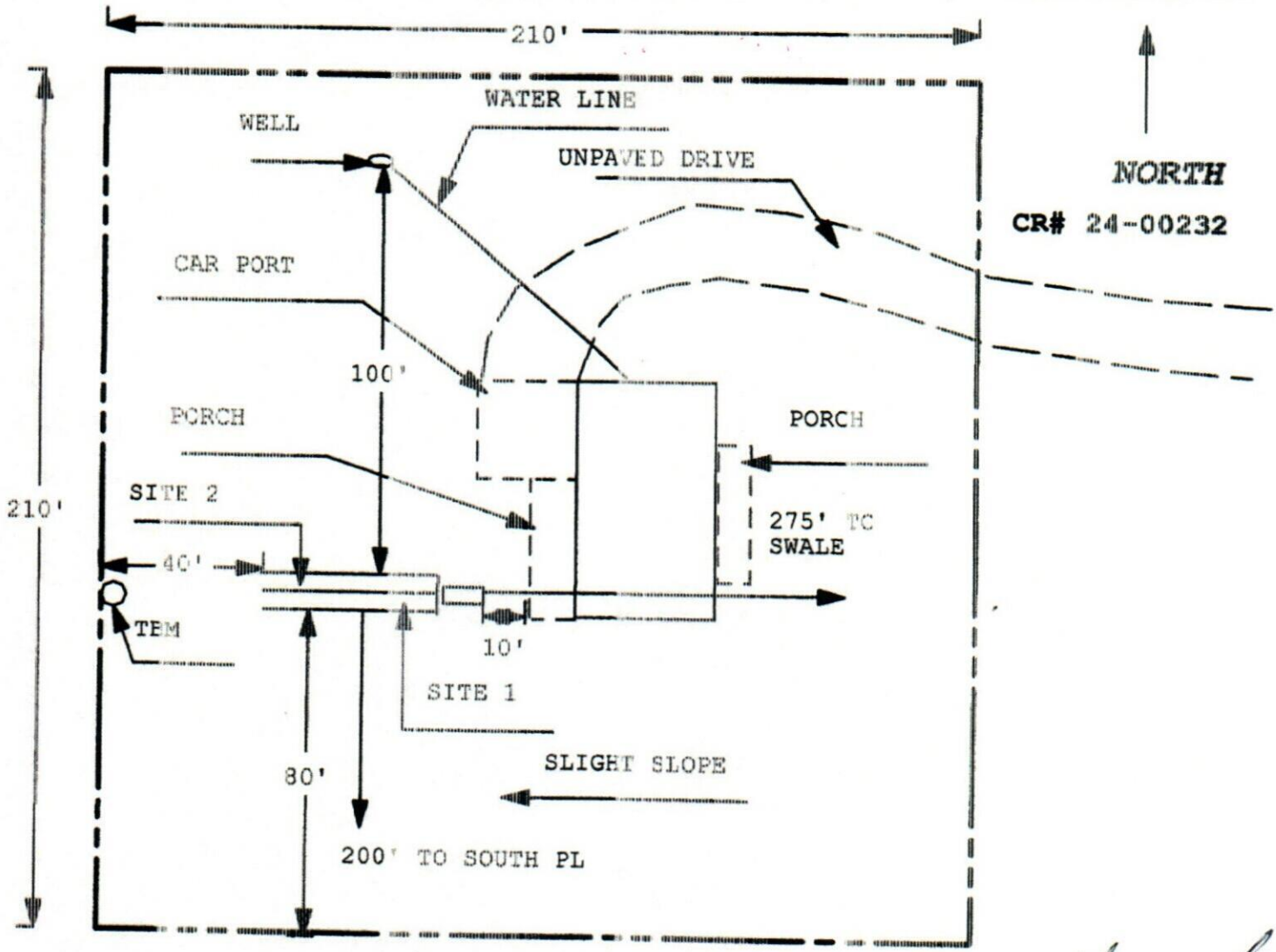
[ ] Floor/Equipment Drains [ ] Other (Specify)

SIGNATURE: Zelton C Howard DATE: 8-2-24

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

Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan
Permit Application Number: 24-0637

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



1 INCH = 40 FEET

NO WELLS WITHIN 100'

Site Plan Submitted By [signature] Date 7/31/24
Plan Approved ✓ Not Approved ____ Date 8/1/24

BY [signature] ES2 Columbia CPHU

Notes: ____