

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 22-0324

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

Scale: 1 inch = 40 feet.

PLEASE
SEE ATTACHED

Notes: _____

Site Plan submitted by: [Signature]

Plan Approved ☒ Not Approved ☐

By Salli Ford EPH Director Columbia

CONTRACTOR

Date 4-21-22

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

22-0324



1460

4/11/22

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision : To be the **Healthiest State** in the Nation

April 21, 2022

Dale Burd (Dale Burd, LLC)
20619 SW CR 137
Lake City, FL 32024

RE: Contingency Letter
Application Document No: AP1817986
Centrax Permit Number: 12-SC-2488170
OSTDS Number:
174 SW CR 242A 9
Lake City, FL 32025

Lot:1 Block:4 Subdivision: FI Crest Farms

Dear Applicant:

This will acknowledge receipt of an application dated 04/13/2022 for a permit to use an existing onsite sewage treatment and disposal system located on the above referenced property.

From a review of your completed application, it has been determined that your existing system appears to meet the minimum standards of F.A.C. 64E-6 for the proposed use. It is approved for use with the plans submitted to this office. If this system should fail, causing an unsanitary condition to exist, steps must be taken to bring the system into compliance immediately. Department approval of the system does not guarantee satisfactory performance for any specific period of time. Any change in material facts which served as a basis for issuance of this approval requires the applicant to modify the permit application. Such modification may result in this approval being made null and void. Issuance of this approval does not exempt the applicant from compliance with other Federal, State, or Local Permitting required for development of this property.

If you have any questions on this matter, please call our office at (386) 758-1058.

Sincerely,

Sallie Ford, Environmental Health Director

Enclosures
cc:



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 22-0324
DATE PAID: 4/13/25
FEE PAID: 610.00
RECEIPT #: 1817784

APPLICATION FOR:

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

APPLICANT: Brent Strickland

AGENT: Dale Burd

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, 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

Stricklands Rentals MHP Lot 9

LOT: 1 BLOCK: 4 SUBDIVISION: Flora Crest Farms PLATTED: _____

PROPERTY ID #: 28-4S-17-08815-000 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 1.75 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 174 SW CR 242 A Lot 9

DIRECTIONS TO PROPERTY: US 441 South, TR CR 242A, 250 on left, to back left site Lot 9

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential / MH	3	924	SWMH for SWMH like for like
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: [Signature]

DATE: 4/11/22