

SSO 114402890



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ON-SITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM (OSTDS)

PERMIT NO. 24-0336
DATE PAID: 4/22/24
FEE PAID: 423.80
RECEIPT #: 2024028

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Joshua Wehinger EMAIL: Wehingerj@icfb.com

AGENT: _____ TELEPHONE: 386-247-3122

MAILING ADDRESS: 500 NW Bell Lake Ct. 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: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 23-38-15-00186-008 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 677 NW Bell Lake Ct Lake City, FL 32055

DIRECTIONS TO PROPERTY: Hwy 90 West to Bell Lake Ct. turn Right. Follow All the way to the end. 677 is last Drive on Right.

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>House</u>	<u>3</u>	<u>3041</u>	<u>2069 Heated + Cooled</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Josh Wehinger DATE: 4-22-2024

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

Incorporated 62-6.004, FAC

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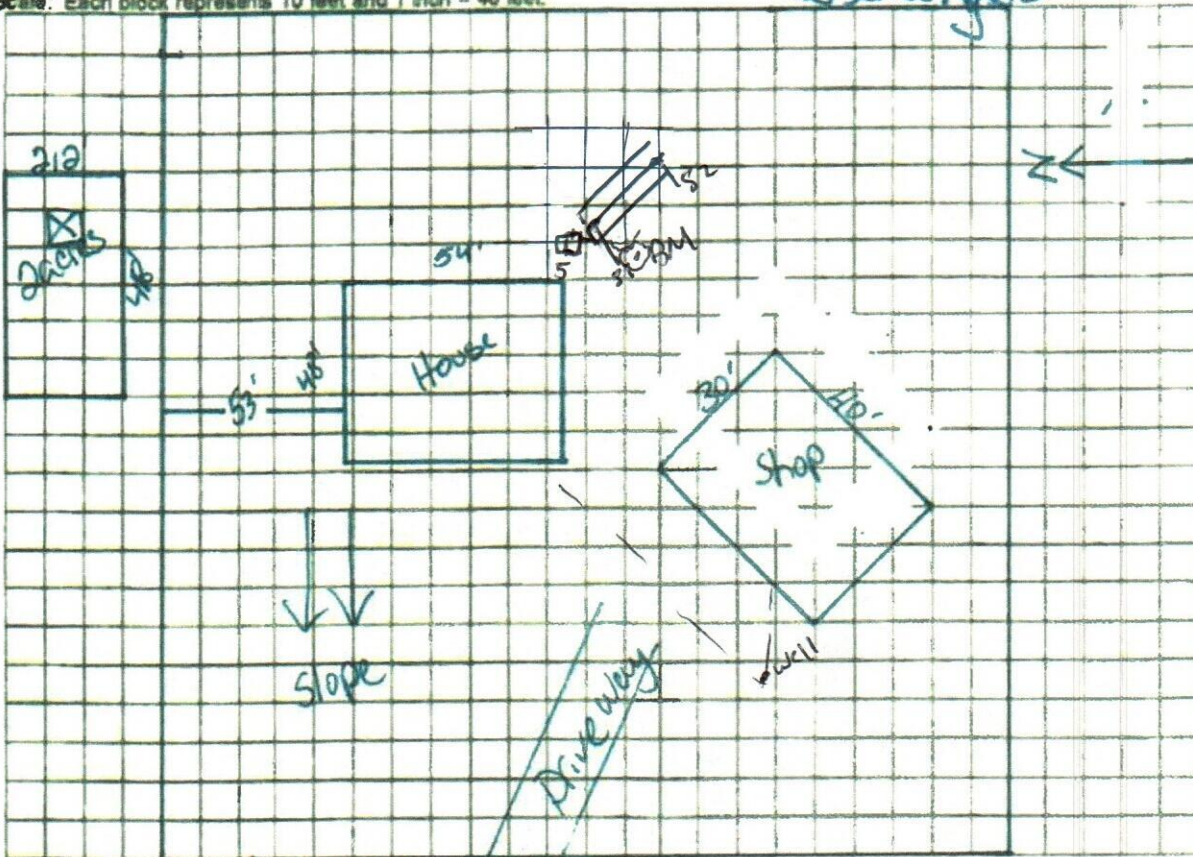
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PART II - SITEPLAN

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



Notes:

1 of 2 acres

Site Plan submitted by:

Joel Waley

Plan Approved

Not Approved

Date 5/3/24

By

[Signature]

ES2

Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT