



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

PERMIT NO. 23-0095
DATE PAID: 2/2/23
FEE PAID: 600.00
RECEIPT #: 1934847

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT:

GERALD HOWD

EMAIL: ghowd@yahoo.com

AGENT:

TELEPHONE: 386-288-0448

MAILING ADDRESS:

346 NW NOBEL ROAD 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 #: 30-35-16-02399-001 ZONING: _____ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 1 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☒ Y ☐ N DISTANCE TO SEWER: 15 FT

PROPERTY ADDRESS: 346 NW NOBEL ROAD LAKE CITY, FL 32055

DIRECTIONS TO PROPERTY: FROM LAKE CITY TAKE US90 WEST TO CR-135
(NOBEL ROAD) TURN RIGHT 5TH HOUSE ON LEFT ONLY ABOUT
300 YARDS FROM US90.

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>0</u>	<u>1600</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

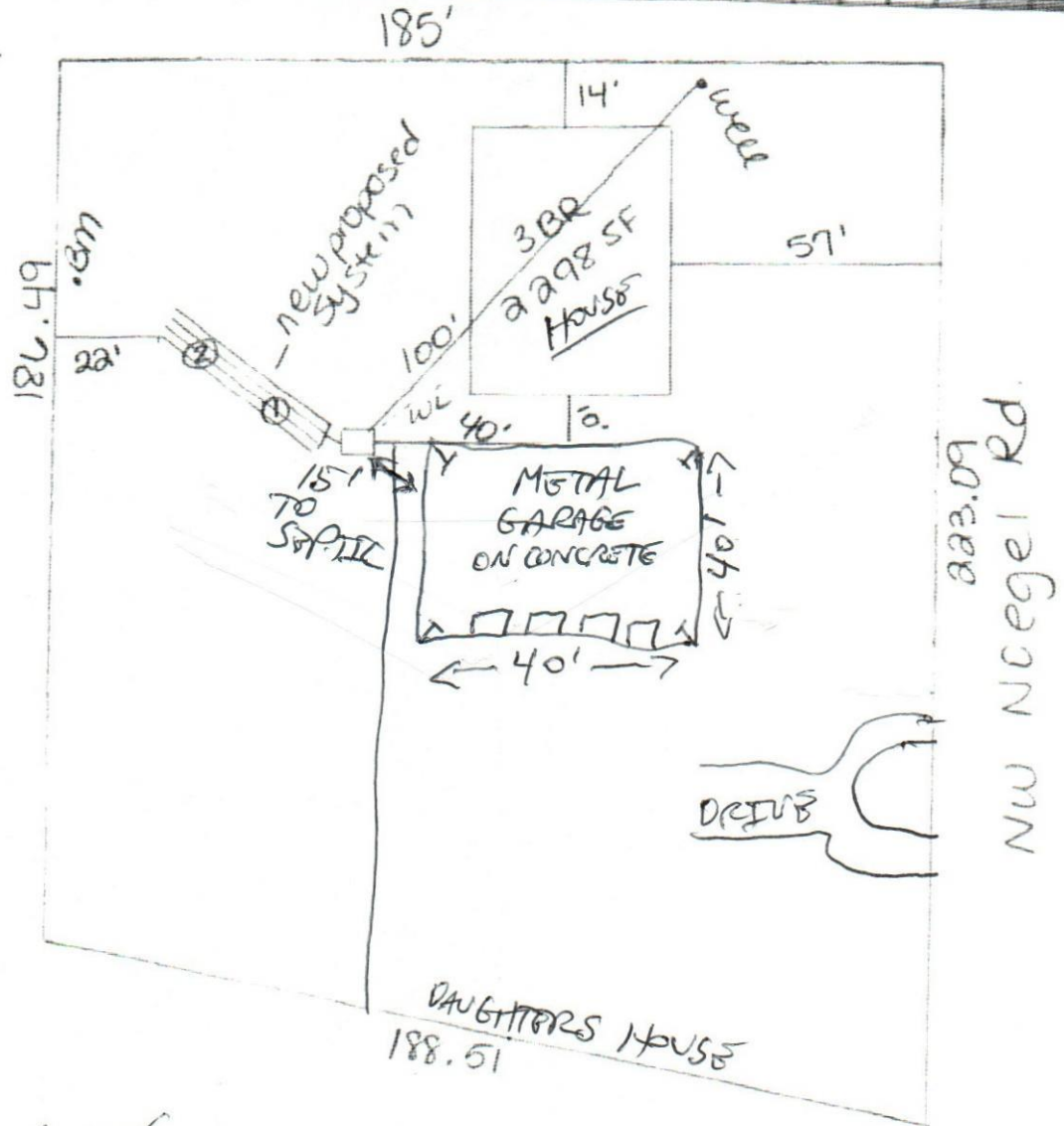
DATE: 01/27/2023

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0045

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

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



Site Plan submitted by: [Signature] Agent: GERALD HOWE Owner: _____ Date: 01/27/2023

Plan Approved X Not Approved _____

By [Signature] Date 2/2/23

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT