

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

None of the data entered on this form will be saved to the County Health Department website or EH database

PLEASE PRINT CLEARLY

To: Columbia County Health Department
Re: Credit Card Authorization

We have taken an extra step to protect our clients from credit card fraud by requiring you to fill out this authorization form. This will ensure us that you are the person using the credit card for our services. It is very important for us to have a completed and signed form along with the application packet so we can process your request. We thank you for your cooperation.

Environmental Health

Application Name: Susan Frazee
Company Name (if applicable): Aquatic Art Pools & Spas LLC
Name (First, MI and Last): Leonard Dicks
Address: 2258 SE Family Rd. Lula, FL 32061
(Street) (City) (State) (Zip Code)

Card Holder's Name: Susan L. Frazee
(as it appears on card)

Credit Card #: 4412130006607039 ☒ Visa ☐ Master Card ☐ Discover ☐ Amer. Express

Expiration Date: 10/25 (mm/yyyy) Three Digit Security Code: 455

Credit Card Billing Address: 346 NW Ivy Gln. Lake City, FL 32055
(Street) (City) (State) (Zip Code)

Phone #: (386) 292-6722
Email Address: aquaticartpools@bellsouth.net

I authorize Columbia County Health Department to charge my credit card account for the amount of \$ 60.00.

Signature: Susan L. Frazee Date: 6/5/2025

Florida Dept. of Health
Columbia County
217 NE Franklin St
Lake City, FL 32055
Phone: 386.758.1068
Fax: 386.758.2180
Floridahealth.gov

Environmental Health
Phone: 386.758.1058
Fax: 386.758.2187



Accredited Health Department
Public Health Accreditation Board

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LETTER OF AUTHORIZATION FOR AGENT

PERMIT # _____

This is to certify that I have personally authorized the following named individual to act as my agent in applying for and obtaining Onsite Sewage Disposal and Treatment permits from the Columbia County Health Department. I further certify that I am the legal owner of the property described in the permit and referenced below and have the right to install a sewage disposal system on it.

AUTHORIZED AGENT: Susan L Frazee

PROPERTY I.D.: 17-55-18-10588-001

OWNERS SIGNATURE: _____

DATE: _____

A large, stylized handwritten signature, likely of the owner, written over a horizontal line.

6/5/2025

PLEASE RETURN TO: ENVIRONMENTAL HEALTH
COURTHOUSE ANNEX BASEMENT
135 N.E. HERNANDO ST. STE 031
LAKE CITY, FL 32055

Florida Department of Health
Columbia County Health Department
217 NE Franklin St. Lake City, FL 32055
PHONE 386-758-1058 • FAX 386-758-3900

Environmental Health
135 N.E. Hernando Ave
386-758-1058 FAX 758-2187

www.FloridasHealth.com
TWITTER HealthyFLA
FACEBOOK FLDepartmentofHealth
YOUTUBE fdoeh



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

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Susan L. Frazee EMAIL: FL6Aland@gmail.com

AGENT: Leonard Dick TELEPHONE: (386) 365-2770

MAILING ADDRESS: PO Box 75, Lake City, FL 32056

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 #: 17-55-18-10588-001 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 40 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

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

PROPERTY ADDRESS: 2258 SE Family Rd., Lulu, FL 32061

DIRECTIONS TO PROPERTY: E. Duval onto SR100E, Rt. onto Price Creek Rd (8.9 mi) left onto State Hwy 240 (2.2 mi)

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>Inground swimming pool</u>			
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Susan L. Frazee DATE: 6/5/2025

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

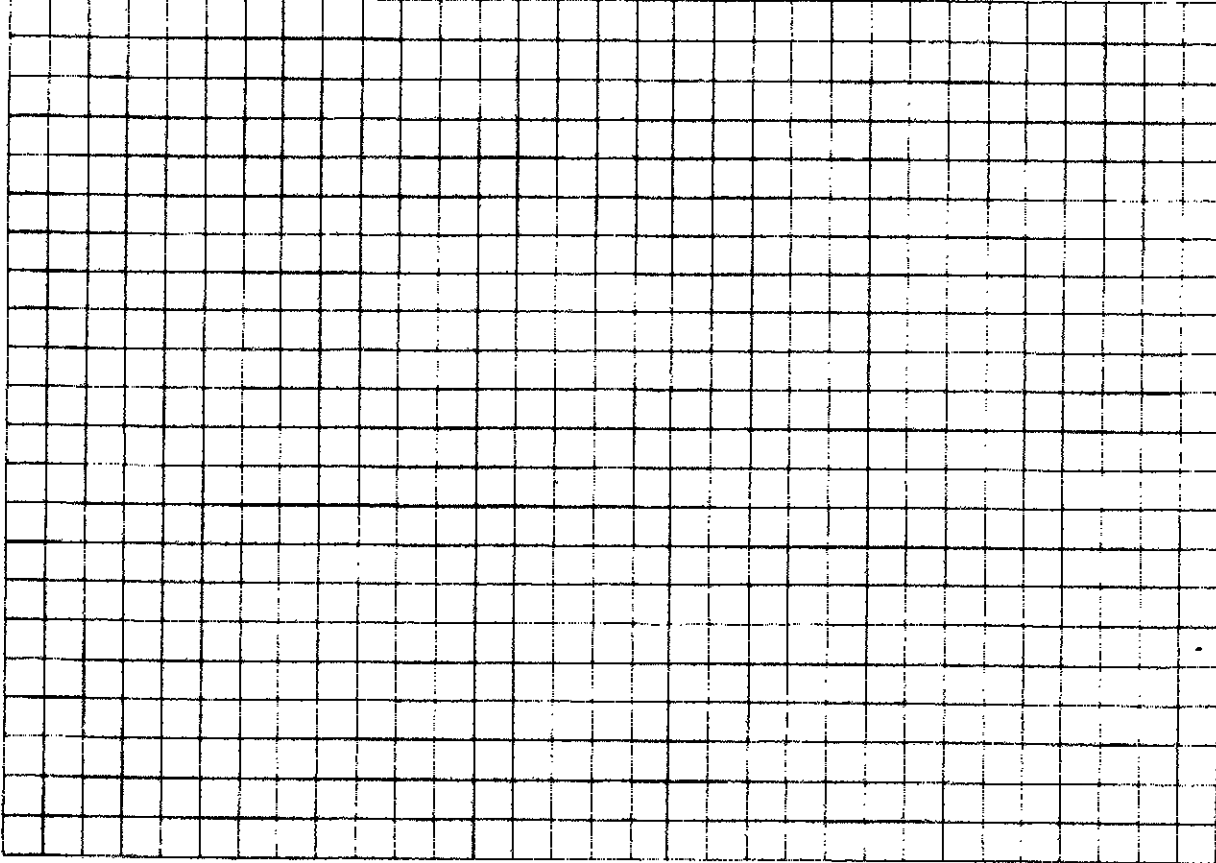
Incorporated 62-6.004, FAC

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number _____

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

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



Notes: _____
_____ *see attached* _____

Site Plan submitted by: *Susan L. Fray* *6/5/2025*

Plan Approved _____ Not Approved _____ Date _____

By _____ County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

Incorporated: 62-6.004, F.A.C.

Parcel # 17-55-18-10588-001

Unimproved

Pool

To well 65'
To Septic 65'
East to fence 80'
West to fence 75'
South to fence 148'
North to fence 115'

Fence

Fence

15' x 20' Pool

15' x 20' Pool

Fence

Fence

Fence

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TO: **COLUMBIA COUNTY HEALTH DEPARTMENT**
Environmental Health
Phone 386-758-1058 Fax 386-758-2187

FROM: _____

PERMIT: # _____

As owner or authorized agent for the property described in the above referenced permit, I certify that I am fully aware of the following:

1. I am aware of the zoning requirements for this property, and I have determined from the **County Planning & Zoning office** that I can develop the property as described in my septic tank permit application.
2. I understand that it is my responsibility to determine if my property and proposed development lies within a flood prone area. (The County Planning & Zoning office can provide this information).

SIGNATURE: Susan L. Fray DATE: 6/5/2025

_____OWNER AUTHORIZED AGENT X

Florida Department of Health
in Columbia County

217 NE Franklin Street
Lake City, FL 32056
PHONE 386/758-1068 • FAX 386/758-2180
FloridaHealth.gov



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Vision: To be the Healthiest State in the Nation**EXISTING SYSTEM WORKSHEET****EXISTING RESIDENCE ADDITION**

1. I am proposing an addition to my current residence that does not include a bedroom Yes _____ No _____
2. I am proposing the addition of a bedroom (s) Yes _____ No _____
3. I have submitted floor plans of the existing structure and the proposed structure Yes _____ No _____

REPLACING A HOME

1. How many bedrooms are in the existing or previous home _____
2. How many bedrooms are in the proposed home _____
3. I have submitted floor plans of existing or previous home and the proposed home Yes _____ No _____

POWER TO EXISTING STRUCTURE Yes _____**ADDITION OF POOL**Yes ☒**ADDITION OF MISC BUILDING (S)**

Yes _____ With bathroom _____

Please sign below to verify the above submitted information.Signature: Susan L. Fray Date: 6/5/2025OWNER: _____ AGENT: ☒

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www.FloridasHealth.com

TWITTER: HealthyFLA

FACEBOOK: FLDepartmentofHealth

YOUTUBE: fhdoh