



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

E-MAILED

PERMIT NO. 25-0904
DATE PAID: 11/17/25
FEE PAID: 310.00
RECEIPT #: 2277-456

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Mitchell Brown

EMAIL: B.M.T@qmagil.com

AGENT: Andrews SHE prep

TELEPHONE: 386-807-0572

MAILING ADDRESS: 8230 SW SR-121 Lake Butler FL 32054

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] (N)

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 04-75-17-09887-005 ZONING: Res I/M OR EQUIVALENT: [Y/N] (N)

PROPERTY SIZE: 5.75 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 780 Old Bellamy Rd. Lake City

DIRECTIONS TO PROPERTY: 465 San 441, (R) Old Bellamy Rd, 1/2 mile

Swordbel. on (R)

Rd High Springs Zip 32643

BUILDING INFORMATION

[X] 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>SF-R</u>	<u>4</u>	<u>3132</u>	
2				
3				
4				

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

SIGNATURE: B

DATE: 11/14/25

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

Incorporated 62-6.004, FAC

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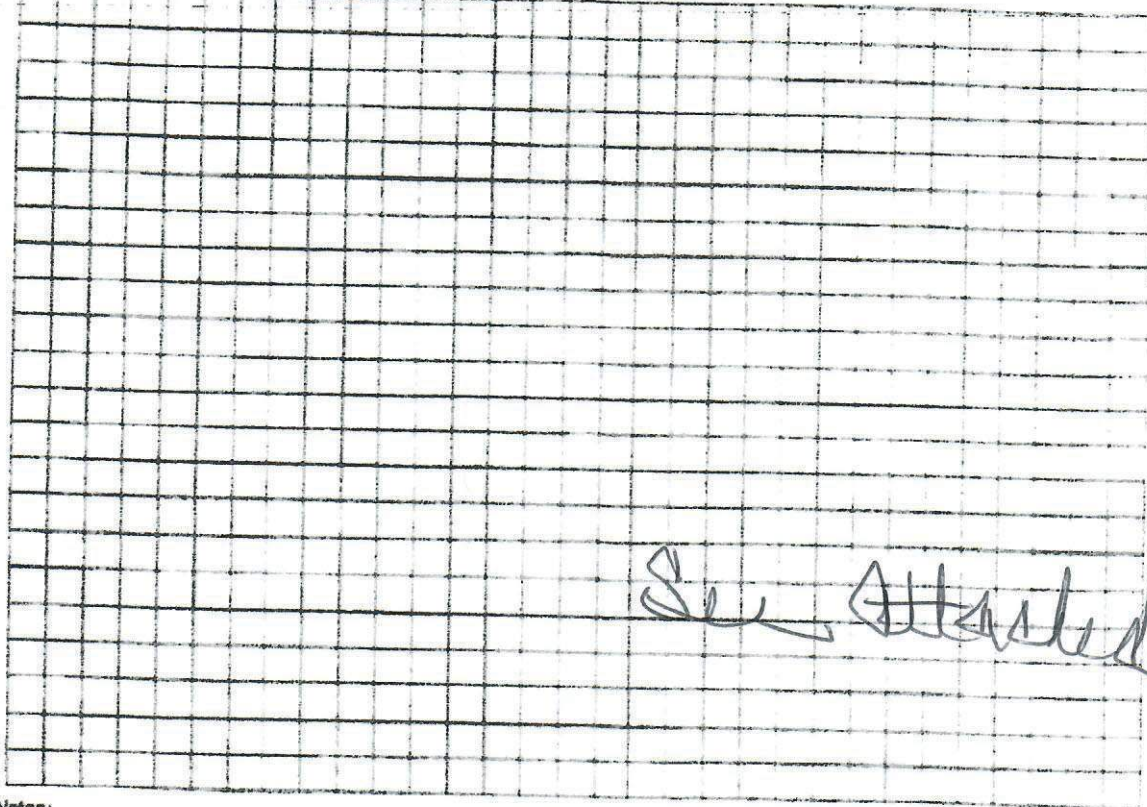
STATE OF FLORIDA
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Permit Application Number

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PART II - SITEPLAN

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



Notes:

Site Plan submitted by:

James Keen

CEHP 25-2064

Plan Approved

✓

Not Approved

Date 11/18/25

By

[Signature]

Columbia

County Health Department

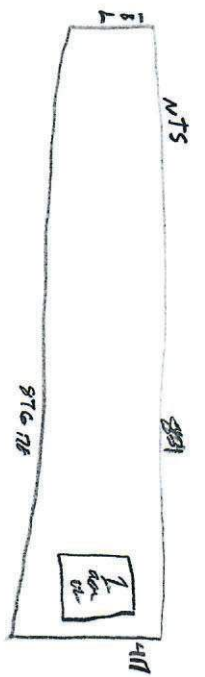
ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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

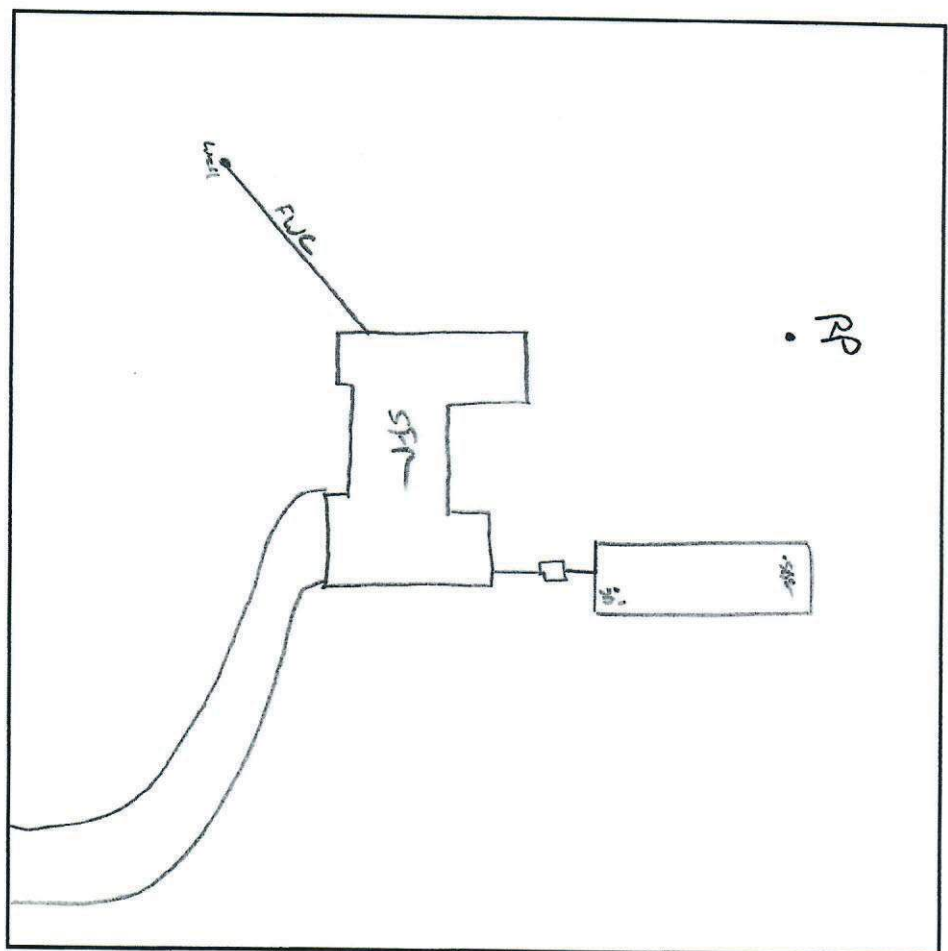
Incorporated: 62-6.004, F.A.C.

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25-0904



N



Project Name: <i>M. Baker Brown</i>		210' x 210' at 1" = 40'
Parcel ID / Legal Desc: <i>07-15-17-00888-005</i>		Drawing Title: <i>Over</i>
Client Name: <i>Mitchell Brown</i>		Date Prepared: <i>11-14-25</i>
Location: <i>TBD</i>		Drawn By: <i>Kristopher Keen</i>
Company: Keen Permitting		Phone: (352) 356-7220
Email: KeenPermitting@gmail.com		