



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

PERMIT NO. 22-1000
DATE PAID: 12/14/22
FEE PAID: 205.00
RECEIPT #: 1904292

APPLICATION FOR CONSTRUCTION PERMIT

UPDATED APPLICATION
12.22.22 - submitted

APPLICATION FOR:

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

APPLICANT: LARRELL Thomas

EMAIL: cmsmith@winston.net

AGENT: Smith Sybil

TELEPHONE: 386-935-1429

MAILING ADDRESS: P.O. Box 838 Buhl, FL 32619

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] [x] N

LOT: 13 ^{Unit} BLOCK: 2 SUBDIVISION: Cedar Springs Shores PLATTED: _____

PROPERTY ID #: 18-75-16-04236-026 ZONING: _____ I/M OR EQUIVALENT: [Y] [x] N

PROPERTY SIZE: 1.06 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 708 SW Bluff Dr.

DIRECTIONS TO PROPERTY: Hwy 47 S TRC Hollingsworth TR - Bluff
Property on left

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>Home</u>	<u>3</u>	<u>2112</u>	
2	<u>Adding</u>	<u>0</u>	<u>640</u>	<u>Sq Ft.</u>
3			<u>2752</u>	
4				

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

SIGNATURE: _____

DATE: 12-12-22

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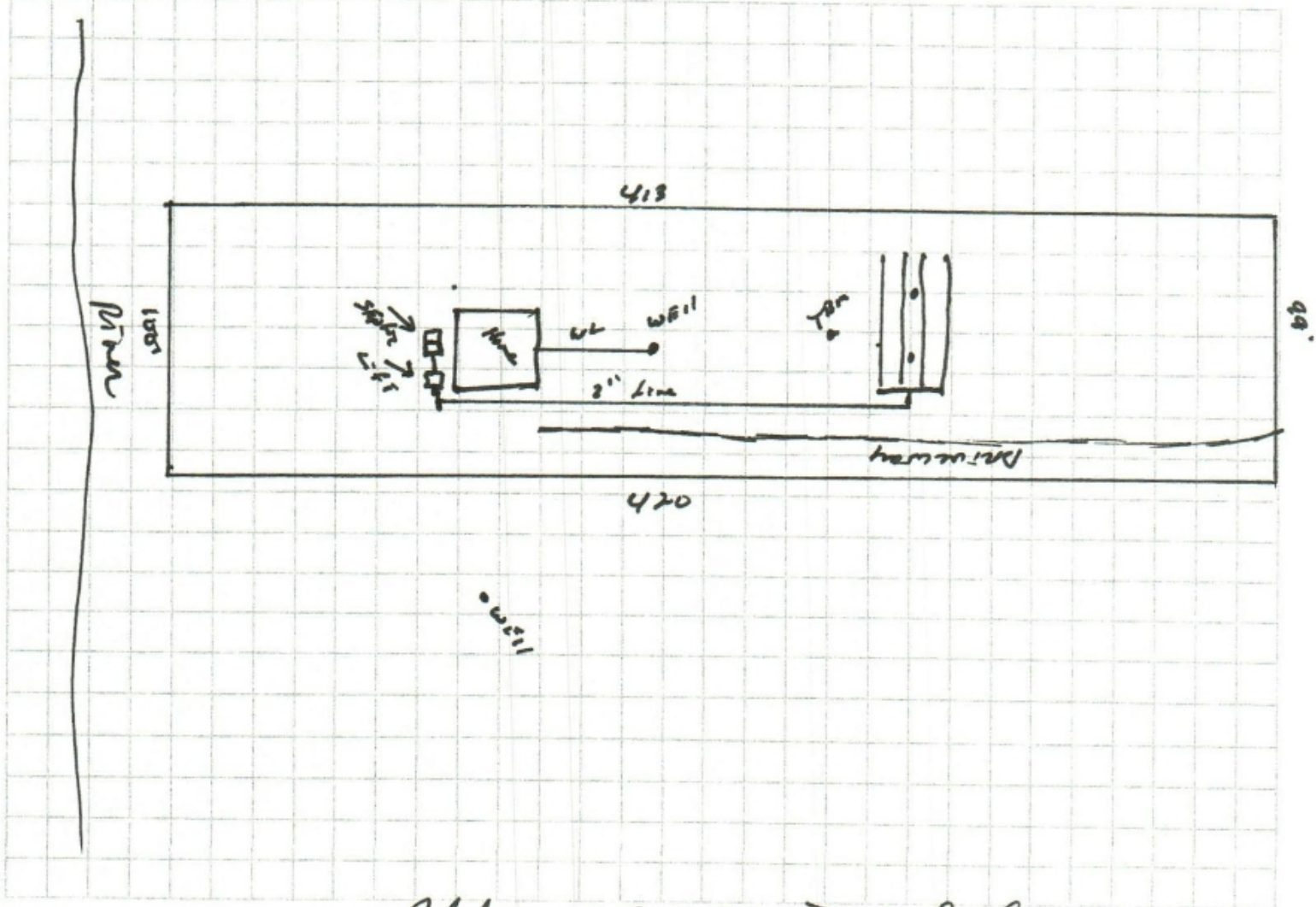
NA
1" = 60'

Permit Application Number 22-1000

Thomas

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

Scale: Each block represents ¹⁵~~40~~ feet and 1 inch = ⁶⁰~~40~~ feet.



Notes: Adding 278 sq ft Drain Field

Site Plan submitted by: _____ Date 12-16-22

Plan Approved ☒ Not Approved _____ Date 12-22-22

By Salli Ford EH Director Columbia 12.22.22 County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT