



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

PERMIT NO. 24-0779  
DATE PAID: 10/23/24  
FEE PAID: 185.00  
RECEIPT #: 2142350

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

- New System       Existing System       Holding Tank       Innovative  
 Repair       Abandonment       Temporary

APPLICANT: JOSEPH KESHER

EMAIL: NFLSEPTICTANK@COMCAST.NET

AGENT: ROBERT FORD III- NORTH FLORIDA SEPTIC TANK INC

TELEPHONE: 386-755-6372

MAILING ADDRESS: 741 SE STATE ROAD 100, 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: 68 BLOCK: 48 SUBDIVISION: MASON CITY PLATTED: \_\_\_\_\_

22-55-17 PROPERTY ID #: 09340-055

ZONING: \_\_\_\_\_ I/M OR EQUIVALENT:  Y /  N

PROPERTY SIZE: 1.63 <sup>053</sup> ACRES WATER SUPPLY:  PRIVATE PUBLIC   ≤2000GPD  >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS?  Y /  N DISTANCE TO SEWER: \_\_\_\_\_ FT

PROPERTY ADDRESS: 234 SW HODGES WAY, LAKE CITY FL 32025

DIRECTIONS TO PROPERTY: \_\_\_\_\_

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	USED MH	4	2128	
2				
3				
4				

Floor/Equipment Drains       Other (Specify) \_\_\_\_\_

10/23/24

SIGNATURE: \_\_\_\_\_

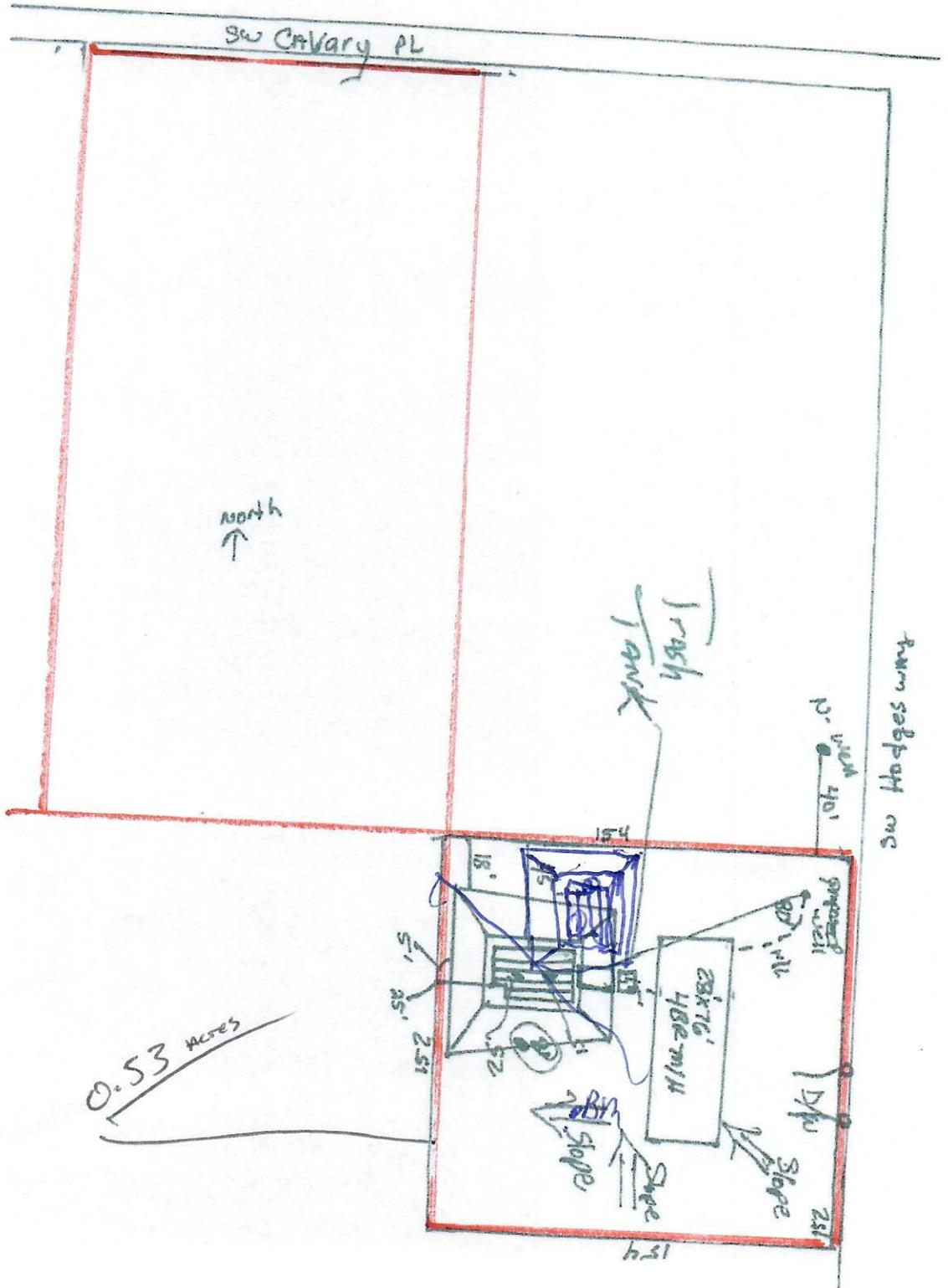
Robert Ford III

DATE: 09/23/24

1"=60'

Kesner 500  
Rebel w/200  
9/23/24

24-0779



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Permit Application Number 24-0779

----- PART II - SITEPLAN ----- *Keenan*

*See attachment*

Notes: \_\_\_\_\_  
\_\_\_\_\_

Site Plan submitted by: *Robert Ford 9/23/24*

Plan Approved  Not Approved \_\_\_\_\_ Date *11/4/24*  
By *[Signature]* *[Signature]* County Health Department

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**