

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

DATE PAID: FEE PAID: RECEIPT #:

Page 1 of 4

APPLICATION I	FOR CONSTRUCTION PERMIT
APPLICATION FOR: [] New System . [] Ex	tisting System [] Holding Tank [] Innovative pendonment [] Temporary []
APPLICANT: Richard	Wright EMAIL: Olumblevelound
AGENT: Kevin Bedenbo	Wright EMAIL: Plumblevelconst
MAILING ADDRESS: 232 NU	chadley in lake city, Pl 32055
APPLICANT'S RESPONSIBILITY TO	OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUÇTED TO 489.105(3) (m) OR 489.552, FLORIDA STATUTES. IT IS THE PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR SING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.
PROPERTY INFORMATION	OSTDS REMEDIATION PLAN? [Y N]
LOT: BLOCK: SVE	EDIVISION: Oaks of Cake City PLATTED:
PROPERTY ID #: 18-55-17-00	9280-109 (45376) I/M OR EQUIVALENT: [Y/N]
PROPERTY SIZE: 9,64 ACRES WA	TER SUPPLY: [PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381	
PROPERTY ADDRESS: 231 SU	1 Mandiba DY, Lake City FL 32024
DIRECTIONS TO PROPERTY: Ta	Ke 415 - Ron Tustenuggee Ave -
5.7 mi R on Man	idiba Dr - 0.5 mi house on R
BUILDING INFORMATION	[] RESIDENTIAL [] COMMERCIAL
Unit Type of No Establishment	No. of Building Commercial/Institutional System Design Bedrooms Area Sqft Table I, Chapter 62-6, FAC
storage bldg	Ø 2512 21-1916
3	
4	
[] Floor/Equipment Drains	[] Other (Specify)
SIGNATURE:	DATE: 12-30-22
DEP 4015, 06-21-2022 (Obsolete Incorporated 62-6.004, FAC	as previous editions which may not be used)
2 0.001/ 220	Page 1 of 4

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION 23 0003 APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

T	T	th bl	I	1											T				1										
\dagger	+	+	+	+	-		_				_					1		1	1						1				
+	+	+	+	+	-											1	1		1										T
+	+	+	+	+	-				-		_				7	7	\dashv	1	1	7									T
+	+	+	+	-	-	_	_			_							1	1	1	7		0							T
+	+	+	+	-	-	_	-			_			_			\dashv	1	7			(*			7				T
+	\dashv	+	1	-			_	_								1	1	1	V	J									T
+	-	-	+	-				_									1	N	V										T
+		+	1														X												
-		+	+	-	_			-		-	-					1	ブ												
-		+	-		-						1	1		0		-													T
-		-			-	-			-		-	1	7	de															1
-		-			_	-	-	-		-	1	5		1															
_				_		1	+	-	-	-	1	1																	T
-				_	-	+	T	-	1	1	T	+																	I
			_			1	1	T	T		T	1															-		
-						T	T	T	1		T	1	T																
						1	1			T	T																		
						T	T	1	T	T	T											T							
						T	1	T		T	T	1	T																
						T	T		T	T	T	1	T																
						T	T		T	T	T	T	T																
te	s: _																												
e	Plan	sub	mitt	ed t	y:_		1	0	, ,	7	1	_				_						*******	-					,	,
	App				1	2			>	~	=	Z	Not	Appr	ove	2					/	/	-	/ [Date	_/	1	5/	2
		2		/	7		2	4	1		4		>	\prec			-		-6	-	7	m	m	5	Cou	nty H	ealth	Dep	artr
	/						/				1		210)					1000			***			-				
_			1	Al	LC	HA	NG	ES	MU	5V	SE /	APP	RO	VED	BY	IH	E C	UU	AIA	HE	AL	.IH	DE	AH	IN				

