

Thursday 1030

#61154



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

PERMIT NO. 23-0319  
DATE PAID: 4/26/23  
FEE PAID: 400.00  
RECEIPT #: 1961890

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT:

Robert

AGENT:

Lewis

TELEPHONE:

260 337 3557

MAILING ADDRESS:

232 NW Sugarline Pl Lake City

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: 283 BLOCK: 25B SUBDIVISION: Suwannee Hills PLATTED: \_\_\_\_\_

PROPERTY ID #: 2825160172130 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☒ N

PROPERTY SIZE: 5 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐  $\leq 2000$  GPD ☐  $> 2000$  GPD

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

PROPERTY ADDRESS: 232 NW Sugarline Pl Lake City

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	MH	3	1152	
2				ORIGINAL ATTACHED
3				
4				

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

SIGNATURE:

*[Signature]*

DATE:

4/26/23

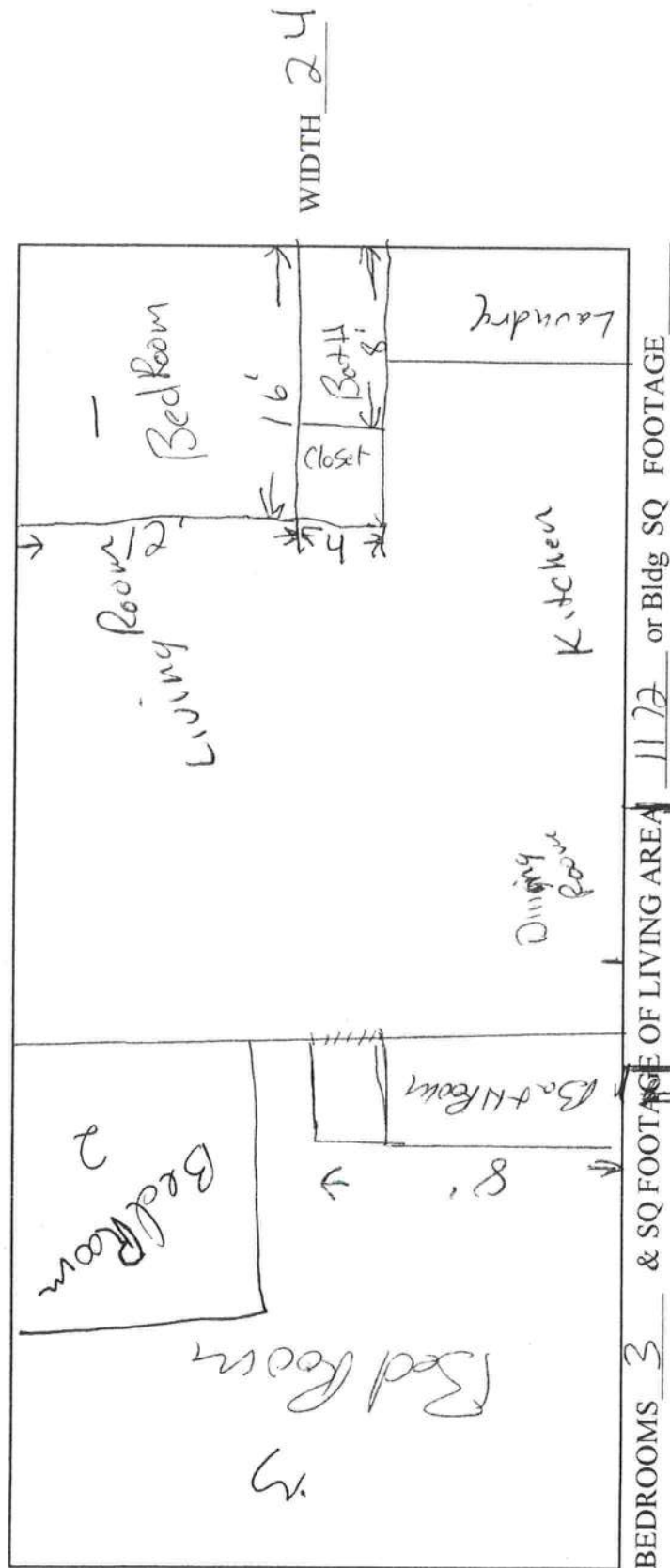
DEF 4015, 06-21-2022 (Obsoletes previous editions which may not be used)

Incorporated 62-6.004, FAC

23-0813

FLOORPLAN

LENGTH 42



PLEASE NOTE THAT A FLOORPLAN OF YOUR HOME OR STRUCTURE IS REQUIRED. WE DO NOT REQUIRE ACTUAL BLUEPRINTS. IF YOUR DEALER HAS PROVIDED A FLOORPLAN, WE PREFER IT, IF NOT, PLEASE SKETCH ONE SHOWING OUTSIDE DIMENSIONS AND INSIDE ROOM LAYOUT.

SHEDS, STORAGE, OR OTHER BLDGS MAY BE NOTED AS OPEN FLOORPLAN with no bedrooms or bathrooms

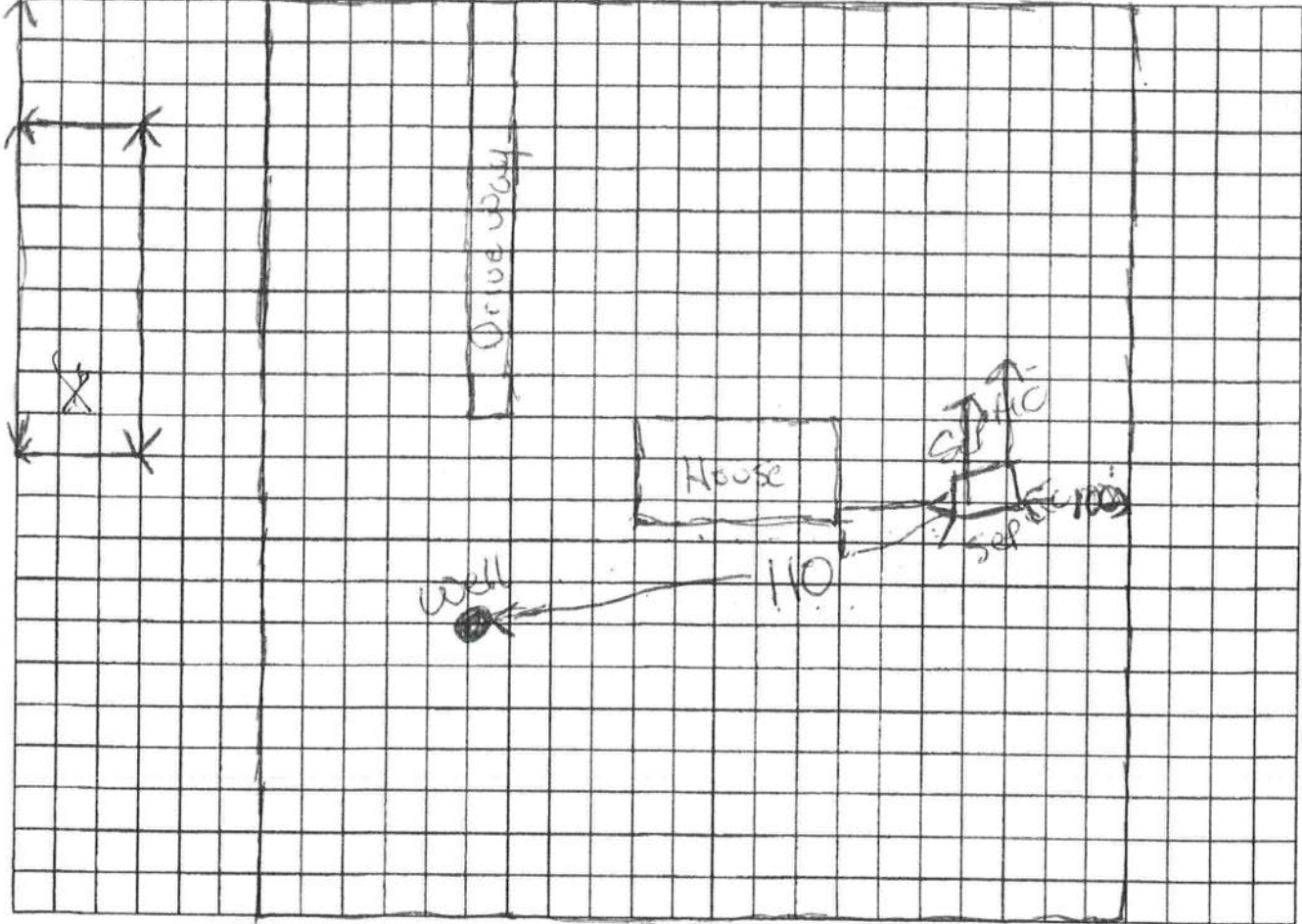
DATE: 7/21/93 SUBMITTED BY: Paul K. Luf

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 23-0313

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

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



Notes: 1 AC OF 5

Site Plan submitted by: [Signature]

Plan Approved ☒

Not Approved ☐

Date 4/26/23

By Cassandra Bonds

EST Columbia 5/8/23

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.



2023

28-2S-16-01772-130

**BUILDING CHARACTERISTICS**

ELEMENT	CD	CONSTRUCTION
Exterior Wall	08	WD OR PLY 100
Roof Structure	03	GABLE/HIP 100
Roof Cover	14	PREFIN MT 100
Interior Wall	05	DRYWALL 100
Interior Floor	14	CARPET 90
Air Condition	08	SHR VINYL 10
Heating Type	04	AIR DUCTED 100
Bedrooms	3	100
Bathrooms	2	100
Stories	1.	1. 100
Architectural	01	CONV 100
Units	0	100
Condition Adj	01	01 100
Kitchen Adjus	01	01 100

**MARKET ADJUSTMENTS**

TYPE	MO	EFF AREA	TOT ADJPTS	EFF. BASE RATE	REPL COST NEW	AVG	ETG	ECON	FNCT	NORM	% COND
0800	02	1,240	67,7400	33.87	41,999	1989	1989	0	0	0	65.00 35.00

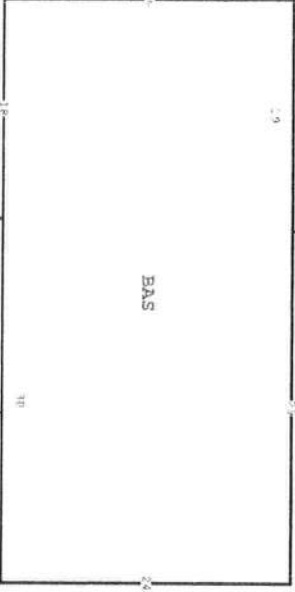
HX Base Yr

**VALUATION BY**

VALUATION BY	Tax Dist:	STANDARD
BUILDING MARKET VALUE		14,700
TOTAL MARKET OBX/VALUE		3,350
TOTAL LAND VALUE - MARKET		23,100
TOTAL MARKET VALUE		41,150
SOH/AGL Deduction		0
ASSESSED VALUE		41,150
TOTAL EXEMPTION VALUE		0
BASE TAXABLE VALUE		41,150
TOTAL JUST VALUE		41,150
INCOM VALUE		0
PREVIOUS YEAR MKT VALUE		
XPOB:1:1: OAKS MH		

**VALUATION SUMMARY**

Quality	01	01
DOR CODE	0200	MOBILE HOME
MAP NUM		03
NEIGHBORHOOD/LOC	28216.030	1.00/



AREA TYPE	TOTAL GROSS AREA	PCT OF BASE	TOT ADJ AREA	SUBAREA MARKET VALUE
BAS	1,152	100	1,152	13,656
UOP	128	25	32	379
UOP	224	25	56	664

**EXTRA FEATURES**

OBX/ N	DESCRIPTION	BLD CAP	L	W	UNITS	UT	Ad R	ADJ UNIT PRICE	ORIG COND	YEAR ON	YEAR ACTUAL	% COND	OBX/ VALUE	NOTES
1 0294	SHED WOOD/	0	0	0	1.00	UT200.00		200.00	50	1993	1993	3 50	100	
2 9945	Well/Sept	0	0	0	1.00	UT3,250.00		3,250.00	100			3 100	3,250	

BLD DATE	INC DATE	LCL DATE	AG DATE

**BUILDING NOTES**

GRANTOR: HENRY & MARTHA HAYT

GRANTEE: 232 NW SUGARCANE PL

0937/1957 10/09/2001 WD U V 04

15,000

GRANTOR: ROGERS & WOODLAND PAR

GRANTEE: HENRY & MARTHA HAYT

BAS= W29 UOP= NW W6 N12 W6 S20 E16S W19 S24 E18 UOP= SR E16

N8 W16S E30 N24 S.

**SALES DATA**

OFF RECORD Number	DATE	TYPE	Q	V	RSN	SALE PRICE
1481/1125	12/12/2022	TD	U	I	18	26,000

**BUILDING DIMENSIONS**

LAND USE	LAND USE DESCRIPTION	CAP	D	R	LOC	FRONT	DEPTH	TOT LND UTS	UNIT TYPE	D	DPH	% FACT	TOT ADJ	UNIT PRICE	ADJ UNIT PRICE	LAND VALUE	OTHER ADJUSTMENTS AND NOTES	YEAR	DENSITY	DECL	FRZ	YS	CONSV
1 0200	MBL HM	0			A-1	0.00	0.00	1.00	LT	1.00	1.00	1.00	23,100.00	23,100.00	23,100.00	23,100							

TOTAL OBX/ 3,350

**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

**LETTER OF AUTHORIZATION FOR AGENT**

PERMIT # 23-0313

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: *Fuller Hughes*

PROPERTY I.D.: 28 23 16 91732 130

OWNERS SIGNATURE: *D. W. Hughes*

DATE: 4/26/2023

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: 386-758-1068 • 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: fldoh

OSTDS Application for  
Construction (New)

**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**  
**APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Rotate Left 90°

Authority: Chapter 381, FS  
Chapter 10D-6, FAC

Rotate Right 90°

Date of Application 2/6/89Permit Application Number 89-069

Rotate 180°

PART I - APPLICATION

Acc # 45255

Default Orientation

Name of Owner

Henry A. HayterTelephone Number 765-5345

Full Size

Mailing Address of Owner

P.O. Box 9610 Jacksonville

Delete Image

Owners Agent

Same

Builder

Close Window

Mailing Address

Same

Telephone No.

Property Street Address

Sugar Cane Lane

Lot No.

3

Block No.

B

Subdivision

SUGAR CANE HILLS

Date Subdivided

NOTE: IF NOT IN A SUBDIVISION ATTACH A METES AND BOUNDS DESCRIPTION

This Application is for: New System

Repair

Existing System

Type of  
EstablishmentSewage Flow  
(Gallons per day)Sewage Flow  
Based On

TOTAL FLOW =

Type of  
ResidentialNo. Bedrooms  
(each dwelling unit)Heated or Cooled Area  
(each dwelling unit)No. Dwelling  
UnitsSewage Flow  
(Gallons per day)MH326 x 52 ft<sup>2</sup>14501352 ft<sup>2</sup>

Exact Directions to Property

AUDIT CONTROL NO. 08757

Applicant's Signature

Henry A. HayterVOID AFTER ONE CALENDAR  
YEAR FROM DATE OF ISSUANCE

OSTDS Final Approval  
Page # 1

## STATE OF FLORIDA

## DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Rotate Left 90°

## ON-SITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION AND INSTALLATION PERMIT

Rotate Right 90°

Applicant Henry HayterPermit Number 89-069

Rotate 180°

## PART II - SYSTEM INSTALLATION INSPECTION AND FINAL INSTALLATION APPROVAL

Default Orientation

Installer

A & B

Tank Manufacturer

A & B

Full Size

Proper tank legend: Yes ☒ No ☐Tank material Pre-Cast Tank level: Yes ☒ No ☐Tank watertight: Yes ☒ No ☐Tank size: 900 gallons \_\_\_\_\_ gallons \_\_\_\_\_ gallonsProper tank outlet device: Yes ☒ No ☐Manhole or marker to grade: Yes ☒ No ☐

Close Window

## Drainfield Trench

## Absorption Bed

Length

Width

Length

Width

Length \_\_\_\_\_ feet x \_\_\_\_\_ feet = \_\_\_\_\_ ft<sup>2</sup>100 feet 2 feet

\_\_\_\_\_ feet \_\_\_\_\_ feet

Length \_\_\_\_\_ feet x \_\_\_\_\_ feet = \_\_\_\_\_ ft<sup>2</sup>100 feet 2 feet

\_\_\_\_\_ feet \_\_\_\_\_ feet

Proper No. drainlines: Yes \_\_\_\_\_ No \_\_\_\_\_

27 feet 2 feet

\_\_\_\_\_ feet \_\_\_\_\_ feet

Proper pipe separation: Yes \_\_\_\_\_ No \_\_\_\_\_

Total = 454 ft<sup>2</sup>Total \_\_\_\_\_ ft<sup>2</sup>

Distribution box level: Yes \_\_\_\_\_ No \_\_\_\_\_

Systems located as permitted: Yes ☒ No ☐Systems including plumbing stub-outs installed at proper elevation: Yes ☒ No ☐Average depth to drainpipe invert from finished grade: AK 6 inches Maximum depth: 6 inchesAverage depth of drainfield gravel: 12 inches Minimum depth of gravel: 12 inchesProper gravel size: Yes ☒ No ☐ Gravel is suitable quality: Yes ☒ No ☐Backfill or fill material as required: (Quality) Yes ☒ No ☐ (Quantity) Yes ☒ No ☐

Other findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspected by: A. H. H. Date 2-20-89

## PART III - FINAL INSTALLATION APPROVAL

Date 2-20-89 Approved by: A. H. H.Columbia  
COUNTY PUBLIC HEALTH UNIT

AN APPROVED INSTALLATION DOES NOT GUARANTEE PERFORMANCE

Note: Completed copies of this form will be provided to the applicant, installer and the building department.

HRS-H Form 4016, Jan 86 (Replaces Feb 85 edition which may be used)  
(Stock Number: 5744-002-4016-4)

Page 2 of 2





**Columbia County Property Appraiser** Jeff Hampton | Lake City, Florida | 386-758-1083

**PARCEL: 28-2S-16-01772-130 (5739)** | MOBILE HOME (0200) | 5.01 AC  
 LOT 3 BLOCK B SUWANNEE HILLS S/D, 710-833, 937-1957, DC 1052-2837, TD 1481-1125.

**232 NW SUGARCANE PL LANDTRUST**  
 Owner: 232 NW SUGARCANE PL  
 LAKE CITY, FL 32055

Site: 232 NW SUGARCANE PL, LAKE CITY

Sales	12/12/2022	\$26,000	I (U)
Info	10/9/2001	\$15,000	V (U)
	3/3/1986	\$14,995	V (U)

**2023 Working Values**

Mkt Lnd	\$23,100	Appraised	\$41,150
Ag Lnd	\$0	Assessed	\$41,150
Bldg	\$14,700	Exempt	\$0
XFOB	\$3,350		
Just	\$41,150		
		Total	county:\$41,150
		Taxable	city:\$0
			other:\$0
			school:\$41,150

**NOTES:**



Columbia County, FL

This information.. was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purpose of property assessment. This information should not be relied upon by anyone as a determination of the ownership of property or market value. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office.

GrizzlyLogic.com



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**Ron DeSantis**

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Scott A. Rivkees, MD  
State Surgeon General

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23-0313

**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 for both old and new 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: D. W. [Signature] Date: 4/26/23

OWNER: \_\_\_\_\_ AGENT: ✓

**Florida Department of Health**  
Columbia County Health Department  
217 NE Franklin St., Lake City FL 32055  
PHONE 386-758-1068 • FAX 386-758-3900

**Environmental Health**  
135 NE Hernando St. Lake City FL  
Phone 386-758-1058  
FAX 386-758-2187

**www.FloridasHealth.com**  
TWITTER HealthyFLA  
FACEBOOK FLDepartmentofHealth  
YOUTUBE fldoh

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State Surgeon General

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

FROM: 232 Sugar Lane  
PERMIT: # 23-0812

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: [Signature] DATE: 4/26/23  
\_\_\_\_ OWNER AUTHORIZED AGENT \_\_\_\_

**Florida Department of Health  
in Columbia County**

217 NE Franklin Street  
Lake City, FL 32055  
PHONE 386/758-1058 • FAX 386/758-2180

**FloridaHealth.gov**



**Accredited Health Department**  
Public Health Accreditation Board



TRUSTEE'S ABSTRACT F.S. 736.1017 12/22/2022  
OF "232 NW SUGARCANE PL LAKE CITY, FL 32055 land trust w  
D. Wright as trustee.

NOTICE: This document is provided to third party outsiders in lieu of providing them with a copy of the entire private Trust Agreement. This abstract is given to them in order to protect and preserve the privacy of the Grantors from intrusion into personal estate planning matters. This is an administrative summary document of the pertinent provisions and powers of the Trust but without revealing any of the confidential information which the Grantors have every right to maintain. The Trust has not been revoked or amended to make any representation contained in the certification incorrect. Thank you for respecting their privacy.

The Name of the Trust:

"232 NW SUGARCANE PL LAKE CITY, FL 32055 land trust w D. Wright as trustee.

Name of the Trustee:

D. Wright

Tax Statements Sent to:

D. Wright C/O Trustee Services 9169 west state street  
#1942 garden city id 83714

Location of Property:

232 NW SUGARCANE PL LAKE CITY, FL 32055

Parcel ID Number:

Parcel: 28-2S-16-01772-130 (5739)

I hereby certify that as the Trustee, I hold legal and equitable title to the trust property on behalf of the Trust's beneficiaries. Upon the termination of the Trust, I will distribute the property in accordance with the instructions set forth by the Grantor. I certify that the powers and duties of the trustee are as per the attached Article Fourteen of the Trust.

"232 NW SUGARCANE PL LAKE CITY,  
FL 32055 land trust w D. Wright as trustee.

*D. Wright*

*Not to Be Recd*

260-337-3557



**TRUSTEE'S ABSTRACT F.S.736.1017 12/22/2022**  
**OF "232 NW SUGARCANE PL LAKE CITY, FL 32055 land trust w**

**D. Wright as trustee.**

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Name of the Trustee: **D. Wright**

Tax Statements Sent to: **D. Wright C/O Trustee Services 9169 west state street  
#1942 garden city id 83714**

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**"232 NW SUGARCANE PL LAKE CITY,  
FL 32055 land trust w D. Wright as trustee.**

