



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

PERMIT NO.
DATE PAID:
FEE PAID:
RECEIPT #:

24-0457
5/5/24
60830
2075214

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT:

William Peeler

EMAIL:

howard_peeler@bellsouth.net

AGENT:

TELEPHONE:

(386) 288-9634

MAILING ADDRESS:

758 SW Seville Pl Lake City FL 32024

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:

37 1/2

BLOCK:

SUBDIVISION:

The Hunt Place

PLATTED:

08-58-16

PROPERTY ID #:

08-58-16-03490-037

ZONING:

Res

I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE:

10.03

ACRES

WATER SUPPLY:

☒

PRIVATE

PUBLIC []

[] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N]

DISTANCE TO SEWER:

FT

PROPERTY ADDRESS:

758 SW Seville Pl Lake City FL 32024

DIRECTIONS TO PROPERTY:

South on SR 47, West on CR 240, North on Mavdin Rd,
West on Dairy St, South on Mangham, East on Seville, 1st
drive on Right

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	Carport	0	720	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE:

[Signature]

DATE:

5/31/24

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

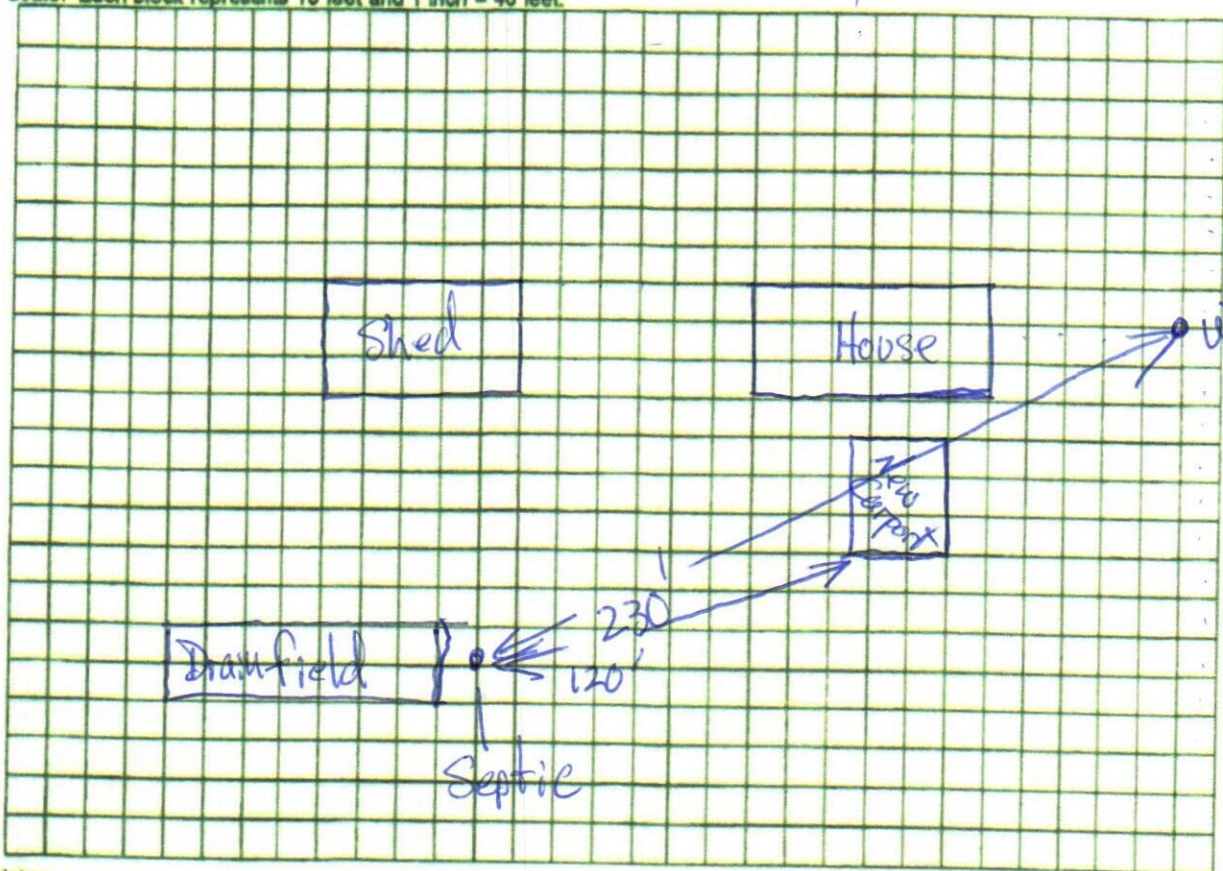
Incorporated 62-6.004, FAC

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Permit Application Number 24-0457

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

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



Notes: _____

Site Plan submitted by: William Peeler

Plan Approved X

Not Approved _____

By _____

Date 6/10/24

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

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