



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

PERMIT NO. 25-0330
DATE PAID: 4.10.25
FEE PAID: \$60.00
RECEIPT #:

2203885

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Mark Carroll EMAIL: brooks permitting@outlook.com

AGENT: Lizzie Brooks TELEPHONE: (229) 300-5086

MAILING ADDRESS: 647 SW Hill Creek Dr, Lake City, FL 32025

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 BLOCK: _____ SUBDIVISION: Hills at Rose Creek PLATTED: _____

PROPERTY ID #: 05-55-17-09116-137 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 2.16 ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 117' FT

PROPERTY ADDRESS: 647 SW Hill Creek Dr, 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

Unit No.	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table I, Chapter 62-6, FAC
1	<u>Accessory Structure</u>	<u>0</u>	<u>1049</u>	<u>ORIGINAL ATTACHED</u>
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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

SIGNATURE: [Signature] DATE: 4-8-25

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

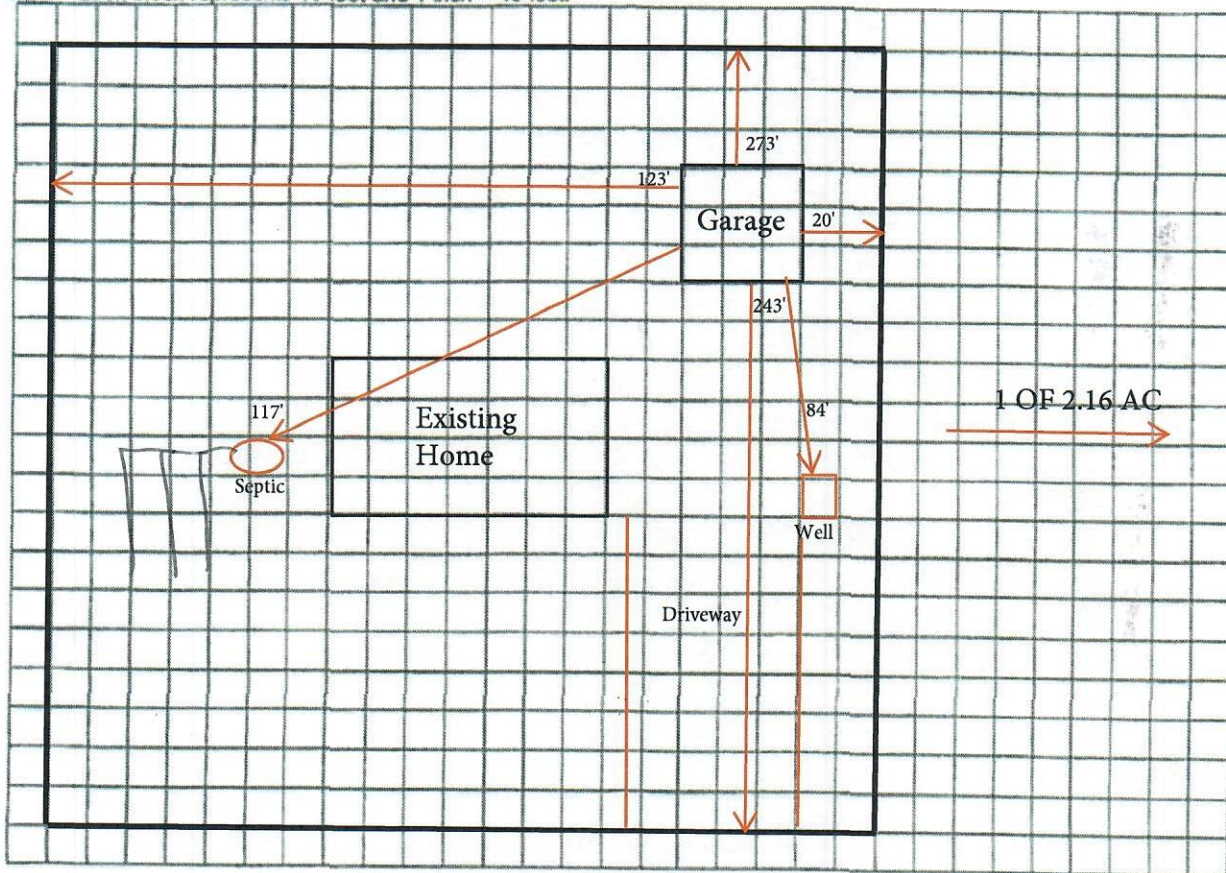
Incorporated 62-6.004, FAC

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

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



Notes: _____ 1 of 2.16 AC

Site Plan submitted by: *[Signature]*

Plan Approved _____

Not Approved _____

Date _____

By _____

Columbia

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.