



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
ONSITE SEWAGE TREATMENT AND DISPOSAL  
SYSTEM  
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 28-0999  
DATE PAID: 12/11/20  
FEE PAID: 71606.48  
RECEIPT #: 500.00

APPLICATION FOR:

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

APPLICANT: Carolyn Castagna  
AGENT: Susan L. Frazee TELEPHONE: (386) 292-6722  
MAILING ADDRESS: 346 NW Ivy Glen, 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

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ PLATTED: \_\_\_\_\_

PROPERTY ID #: 31-35-16-02415-000 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 21.55 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC [ ] <=2000GPD [ ] >2000GPD

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

PROPERTY ADDRESS: 557 SW Hunter Rd., Lake City, FL 32024

DIRECTIONS TO PROPERTY: 90W → 4.5 mi. - continue 3.1 miles  
left onto Hunter Rd. 0.2 miles

BUILDING INFORMATION

☒ RESIDENTIAL [ ] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	<u>inground</u>			
2	<u>swim. pool</u>			
3				
4				

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

SIGNATURE: Susan L. Frazee DATE: 12/8/2020

## Permit Application Number

20.8944

## PART II - SITEPLAN

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

Scale: Each block represents 10 feet and 1 inch = 50 feet.

Notes:

See Attached

Site Plan submitted by:

Susan L. Faye Agent: ✓

Owner:

Date:

12/8/2020

~~Plan Approved~~

Not Approved

Date \_\_\_\_\_

12/14/20

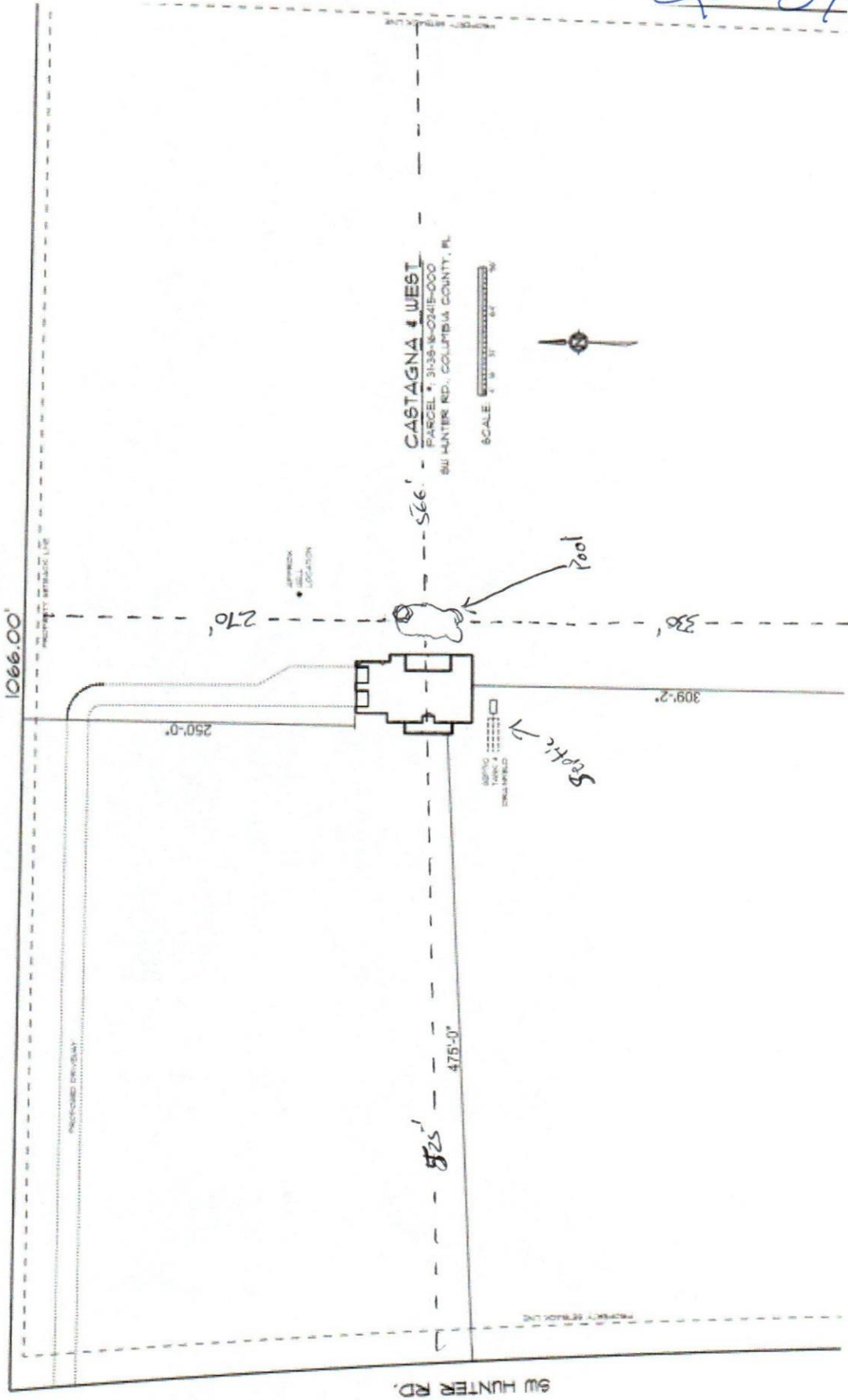
By

COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



From: **Isaiah Cully** isaiahcully@gmail.com  
Subject: **Castagna & West - Site Plan.pdf**  
Date: **December 8, 2020 at 12:56 PM**  
To: **Randy Frazee** aquaticarpools@bellsouth.net



20-0999