



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

PERMIT NO. 22-12-28  
DATE PAID: 7/15/22  
FEE PAID: 60.00  
RECEIPT #: 1848520

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Jerry & Cheri Craig EMAIL: \_\_\_\_\_

AGENT: Same TELEPHONE: 352.572.1777

MAILING ADDRESS: \_\_\_\_\_

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: 25 BLOCK: 1 SUBDIVISION: Wilson Spring 1 PLATTED: \_\_\_\_\_

PROPERTY ID #: 0675-16-04149-125 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: [ Y / N ]

PROPERTY SIZE: 1.39 = 1.5 with right of way ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ ≤2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 3955 SW Wilson Springs Rd, Fort White

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	<u>SWMH</u>	<u>2</u>	<u>924</u>	
2				
3				
4				

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

SIGNATURE: [Signature] DATE: 7-15-22

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

Incorporated 62-6.004, FAC

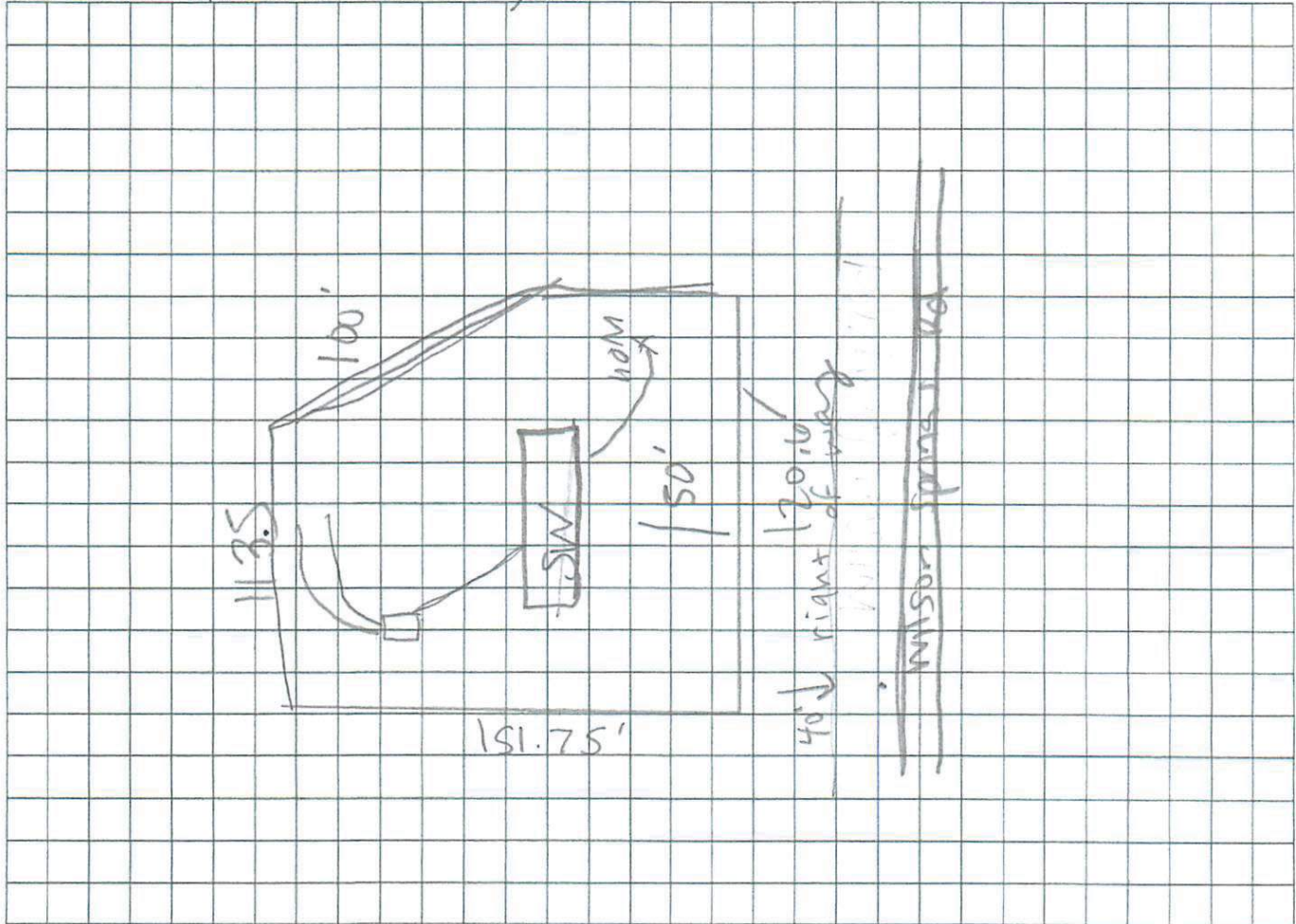
STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 22-0678

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

Scale: Each block represents 10 feet and 1 inch = <sup>50'</sup>40' feet.

North ↑



Notes: \_\_\_\_\_

Site Plan submitted by: \_\_\_\_\_

Plan Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Date

7-15-22

By \_\_\_\_\_

EB2

Columbia

County Health Department

7/29/22

**ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT**

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