



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

PERMIT NO. 22-0907  
DATE PAID: 11/2/22  
FEE PAID: 60.00  
RECEIPT #: 1909772

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Lexington Estates, LLC

EMAIL:

AGENT: Hunter Beckham

TELEPHONE: 386-438-0354

MAILING ADDRESS: 561 SW Lime Ave Fort Gibb Fla. 32038

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: 4 BLOCK: SUBDIVISION: IC Heuckness Wilderness PLATTED:

PROPERTY ID #: 06-65-16-0784-104 ZONING: I/M OR EQUIVALENT: ☒ Y ☐ N

PROPERTY SIZE: 5.0 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 373 SW Quarter Ln FL

DIRECTIONS TO PROPERTY: ST RD 475, TR on Herkling RD Go to end, TR, TL on first dirt road, follow around first corner property on the right after the first corner on quarter lane

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>Mobile Home</u>	<u>2</u>	<u>980</u>	<u>ORIGINAL ATTACHED</u>
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify)

SIGNATURE: [Signature] DATE: 10/3/2022

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

Incorporated 62-6.004, FAC

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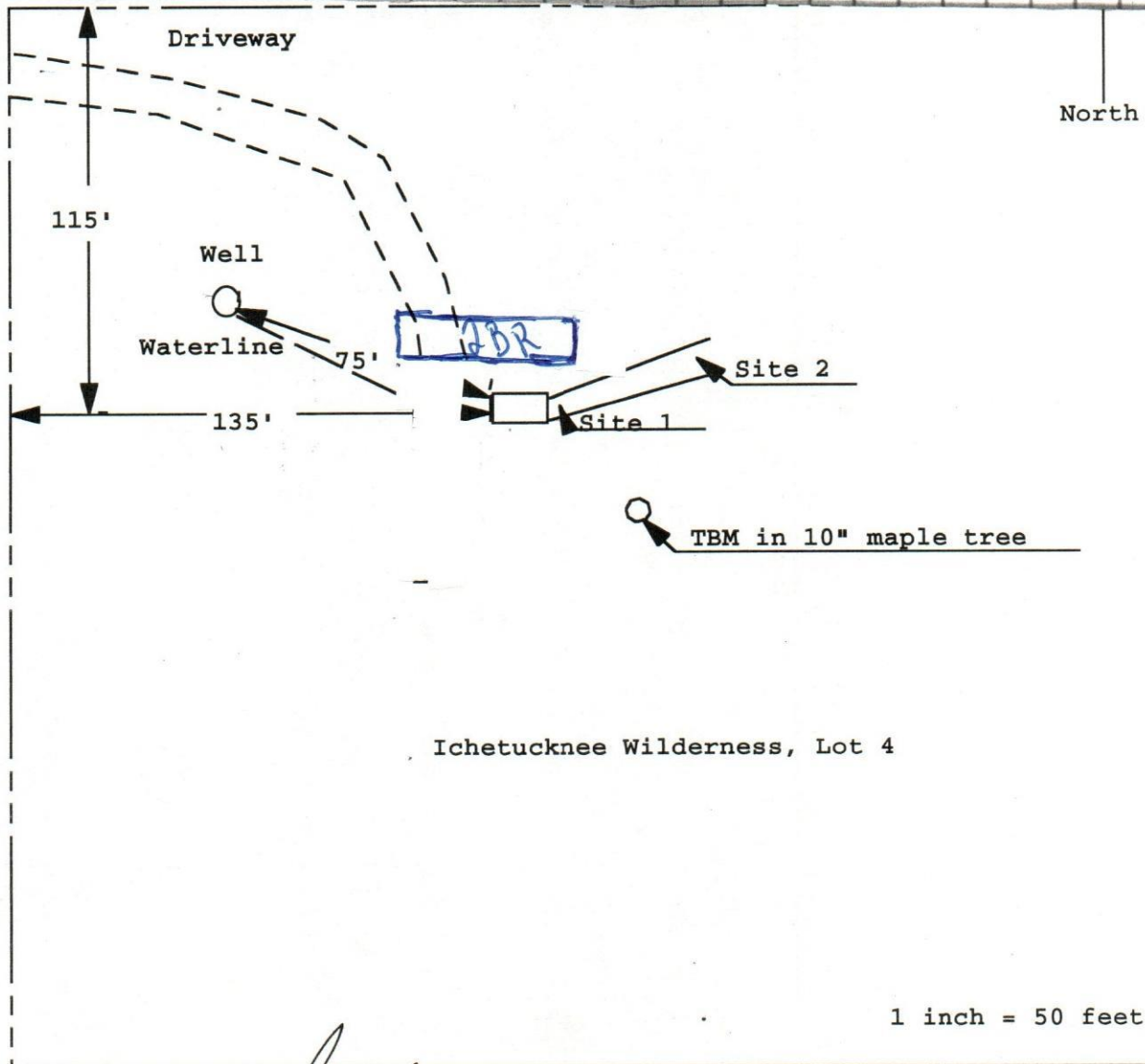
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number

22-0907

PART II - SITEPLAN

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



Site Plan submitted by: [Signature] Agent: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: 10/3/2022  
Plan Approved X Not Approved \_\_\_\_\_ Date: 11/8/22  
By [Signature] COLUMBIA County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT