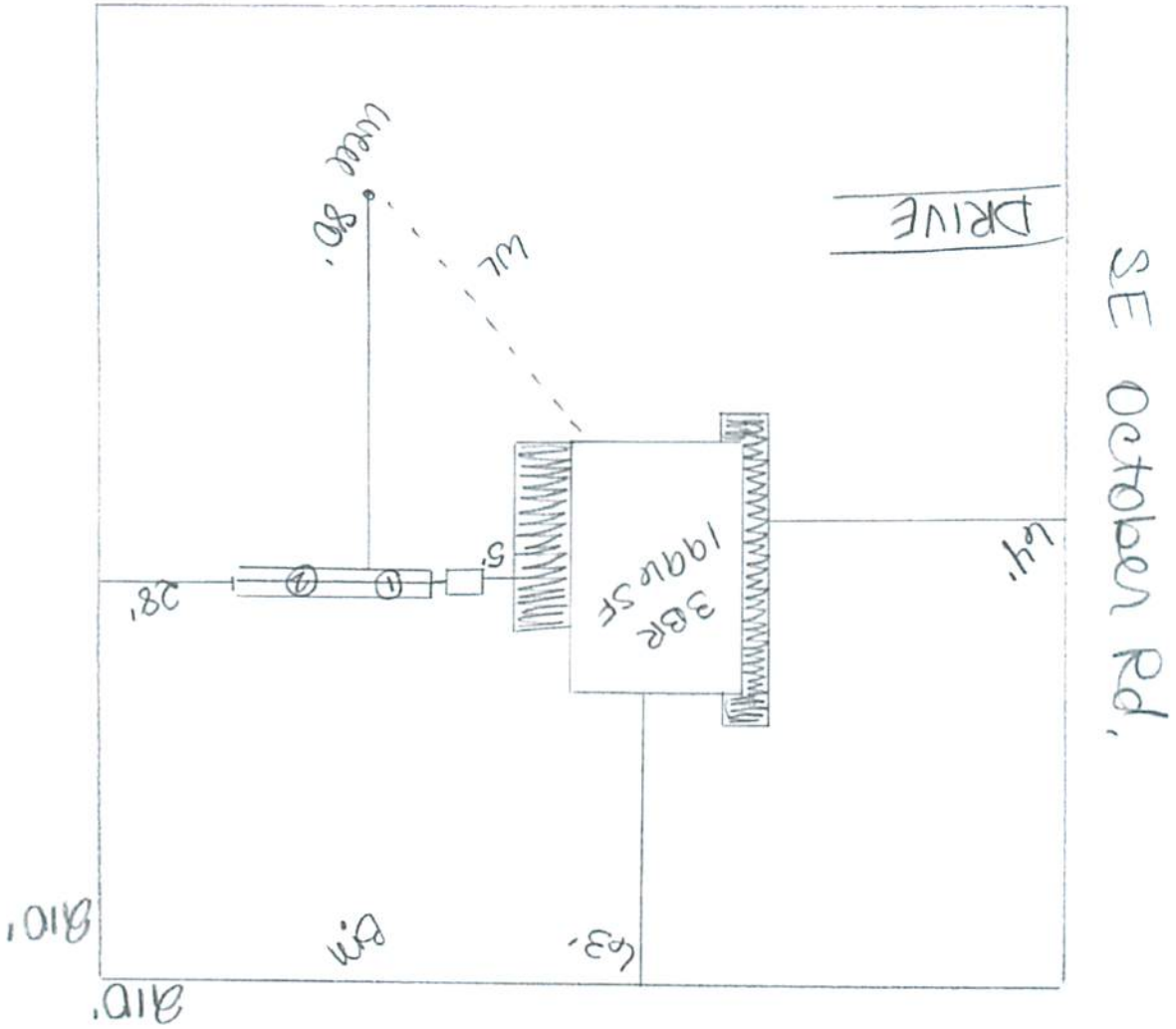


W. Miller & Sons



1 acre of 15.3



↓ N

94-2394 Gates
 11n=40ft.
 5-7-24

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-0396

Yates PART II - SITEPLAN
Scale: Each block represents 10 feet and 1 inch = 40 feet.

See
attached

Notes: _____

Site Plan submitted by: William J. Bishop II Master Contractor
Plan Approved ☒ Not Approved _____ Date 5/15/24
By [Signature] ES2 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.



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

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

☒ New System ☐ Existing System ☐ Abandonment ☐ Repair

APPLICANT:

Larry Yates

AGENT:

A&B Construction

MAILING ADDRESS:

546 SW Dorch St, Ft. White, FL 32038

TELEPHONE:

386-497-2311

EMAIL:

larry.yates@windstream.net

☒ Holding Tank ☐ Innovative ☐ Temporary ☐ Holding Tank ☐ Innovative

PERMIT NO. 24-2394
DATE PAID: 3/10/14
FEE PAID: 330.00
RECEIPT #: 201451

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: NA BLOCK: NA

SUBDIVISION: NA

PLATTED:

OSTDS REMEDIATION PLANS? [Y / N]

PROPERTY ID #: 12-65-17-09651-001

ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 15.3 ACRES WATER SUPPLY: PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

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

DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS:

2183 SE October, Lake City, FL

DIRECTIONS TO PROPERTY:

FL-238E, TR onto SE October Rd.
TL onto US-41S, TL onto

BUILDING INFORMATION

☒ RESIDENTIAL ☐ COMMERCIAL

Unit Type of Establishment No. of Bedrooms Building Area Sqft Commercial/Institutional System Design

1 SF Residential 3 1994

2
3
4

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

SIGNATURE:

[Signature]

DATE:

5-7-24