



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

PERMIT NO. 24-0401  
DATE PAID: 7/21/24  
FEE PAID: 200.00  
RECEIPT #: 2116105

APPLICATION FOR CONSTRUCTION PERMIT

APPLICATION FOR:

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

APPLICANT: Priscilla Moore EMAIL: pdmmoore@yahoo.com

AGENT: Victoria Baughn TELEPHONE: 904-368-9777

MAILING ADDRESS: 800 N Thompson St. Starke, FL 32091

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 FLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

OSTDS REMEDIATION PLAN? ☐ Y ☐ N

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ FLATTED: \_\_\_\_\_

PROPERTY ID #: 25-38-15-00220-001 ZONING: \_\_\_\_\_ I/M OR EQUIVALENT: ☐ Y ☐ N

PROPERTY SIZE: 10.26 ACRES WATER SUPPLY: ☒ PRIVATE ☐ ALIC ☐ <=2000GPD ☐ >2000GPD

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

PROPERTY ADDRESS: 122 277 SW Mayo Rd. Lake City, FL 32024

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	Installation of Inground Fiberglass Pool		416	
2				
3				
4				

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

SIGNATURE: Victoria Baughn DATE: 7/18/2024

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

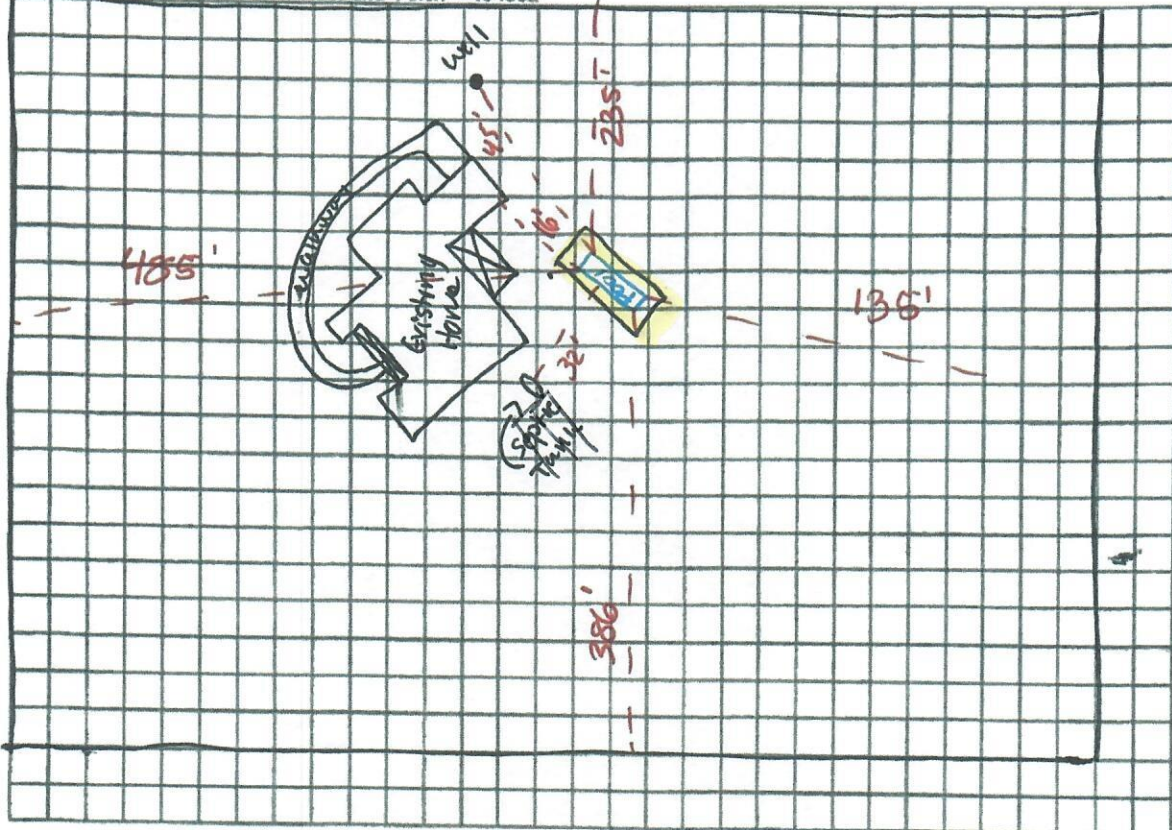
Incorporated 62-6.004, FAC

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 24-04051

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

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



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

Site Plan submitted by: Victoria Baughn

Plan Approved [Signature] Not Approved \_\_\_\_\_ Date 8/1/24  
By [Signature] ES2 Columbia County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT