

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

CR # 24-00371

PERMIT NO.

DATE PAID:

FEE PAID:

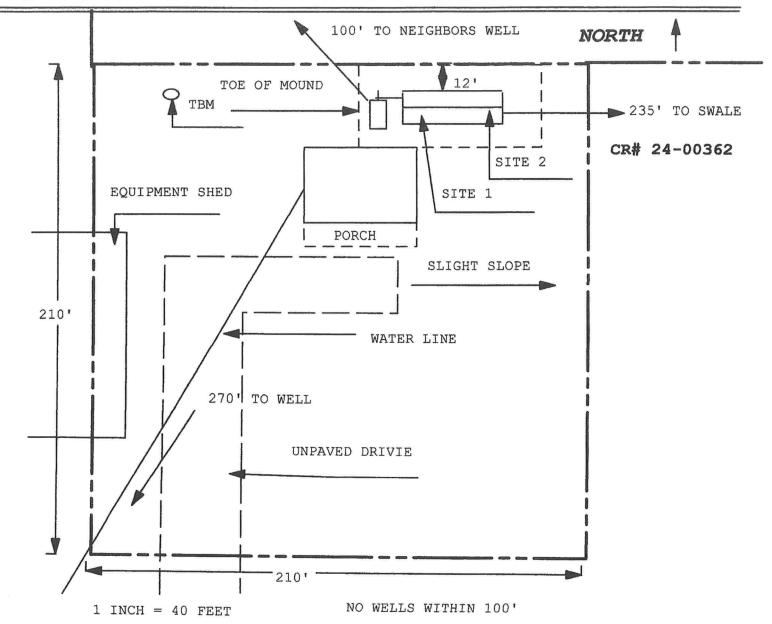
RECEIPT #:

APPLICATION FOR CONSTRUCTION PERM	IIT
APPLICATION FOR: [X] New System [] Existing System [] [] Repair [] Abandonment []	Holding Tank [] Innovative Temporary []
APPLICANT: EARL PEELER	EMAIL: paullloyd@callmeonthephone.com
AGENT: PAUL LLOYD	TELEPHONE: (386) 623-4914
MAILING ADDRESS: PO BOX 2238	LAK CITY FL 32056
TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZ BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 48 APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF ST	9.552, FLORIDA STATUTES. IT IS THE OF THE DATE THE LOT WAS CREATED OR
PROPERTY INFORMATION	OSTDS REMEDIATION PLAN? [Y / N]
LOT: N/A BLOCK: N/A SUBDIVISION: METES AND E	BOUNDS PLATTED:
PROPERTY ID #: 01-4S-16-02697-000 ZONING:	AG I/M OR EQUIVALENT: [NO]
PROPERTY SIZE: 12.070 ACRES WATER SUPPLY: [X] PRIV	TATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381.0065, FS? [NO]	DISTANCE TO SEWER: N/A FT
PROPERTY ADDRESS: 1258 SISTERS WELCOME RD. LAKE CITY.	
DIRECTIONS TO PROPERTY: TAKE US 90 WEST. TURN LEFT O SW COVEY CT. 1ST ON RIGHT.	N SISTERS WELCOME RD. TURN RIGHT ON
BUILDING INFORMATION [X] RESIDENTIAL [] COMME	ERCIAL
Unit Type of No. of Building On No. Establishment Bedrooms Area Sqft T	Commercial/Institutional System Design Cable 1, Chapter 62-6, FAC
¹ HOUSE 3 1,564	
3	
4	
[] Floor/Equipment Dyains () Other (Specify)	
SIGNATURE: Cent Klogg	DATE: /2//2/24

DEP 4015, 06-21-2022 (Obsoletes previous editions which may not be used) Incorporated 62-6.004, FAC

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan Permit Application Number:

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



Site Plan Submitted By C. Not Appro	Date Date	Date 12 20/24	12/16/24
Ву	ES2_	Columbia	СРНО
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