



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 22-0447
DATE PAID: 5/16/22
FEE PAID: 110.00
RECEIPT #: 1835068

APPLICATION FOR:

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

APPLICANT: Advanta IRA Services LLC

AGENT: Dale Burd

TELEPHONE: 386-365-7674

MAILING ADDRESS: 20619 County Road 137, Lake City, FL, 32024

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: Metes & Bounds PLATTED: _____

PROPERTY ID #: 18-3S-17-05061-015 ZONING: _____ I/M OR EQUIVALENT: ☐ No ☐

PROPERTY SIZE: 4 ACRES WATER SUPPLY: ☐ PRIVATE PUBLIC ☒ <=2000GPD ☐ >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ No ☐ DISTANCE TO SEWER: NA FT

PROPERTY ADDRESS: 248 NW McCall Terr, Lake City, FL

DIRECTIONS TO PROPERTY: Marion St North, TL CR 25-A, TR McCall Terr, 200 feet on left, To northern corner of property

BUILDING INFORMATION

☒ RESIDENTIAL

☐ COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	SF Residential / MH	3	1456	MH Replacement MH
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: _____

DATE: 4/26/22

940-22.

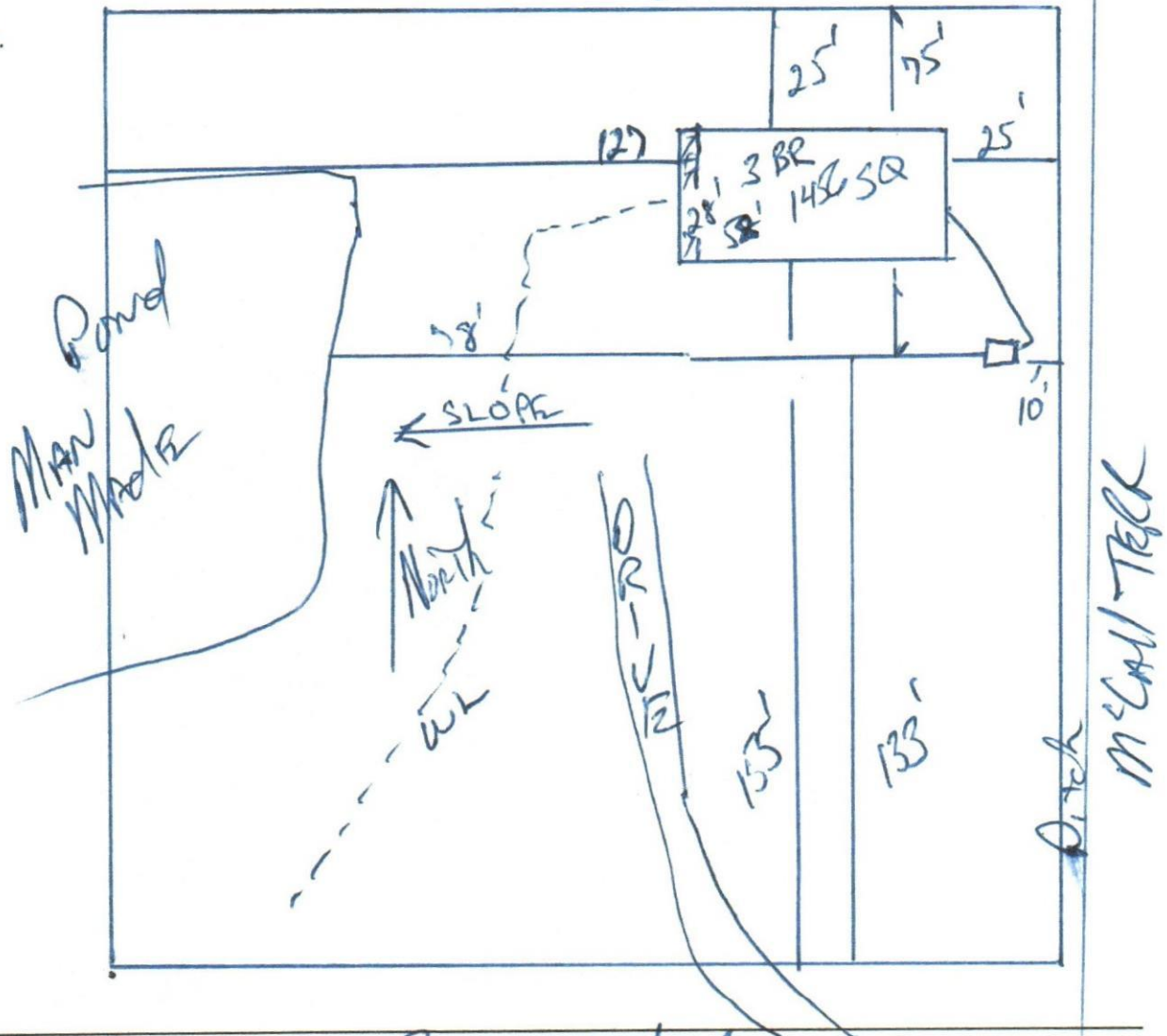
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Adams IGA

PART II - SITEPLAN

Scale: 1 inch = 40 feet.



Notes: 1 of 4 Areas See Attached

Site Plan submitted by: [Signature]

Plan Approved ☒ Not Approved ☐

By [Signature]

Columbia CHD

CONTRACTOR
Date 5/17/22
County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

