



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

PERMIT NO. A-8804
 DATE PAID: 10/31/19
 FEE PAID: 310.00
 RECEIPT #: 1451036

APPLICATION FOR:

- New System Existing System Holding Tank Innovative
 Repair Abandonment Temporary

APPLICANT: Jose Ortiz

AGENT: Jeff Hardee (Hardee Environmental and Permitting)

TELEPHONE: 352-949-0592

MAILING ADDRESS: 6450 NW 72 Lane, Chiefland, FL 32626 EMAIL: JeffHardeeHEP@aol.com

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: 2 BLOCK: — SUBDIVISION: Meadowlands PLATTED: 11/21/03

PROPERTY ID #: 6-6-17-09617-102 ZONING: Res I/M OR EQUIVALENT: Y N

PROPERTY SIZE: 5.01 ACRES WATER SUPPLY: PRIVATE PUBLIC [≤ 2000 GPD] [> 2000 GPD]

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

PROPERTY ADDRESS: 202 Meadowlands Dr Lake City

DIRECTIONS TO PROPERTY: SR 47 S TLC SW Harbong St
to TLC on SW Tustnuggee TLC Meadowlands Dr

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	House	3	2051	
2				
3				
4				

Floor/Equipment Drains Other (Specify) _____

SIGNATURE: [Signature]

DATE: 10-29-19

DE 4015, 08/09 (Obsoletes previous editions which may not be used)
 Incorporated 64E-6.001, FAC

Handwritten notes in the top left corner, possibly including a date and some illegible text.

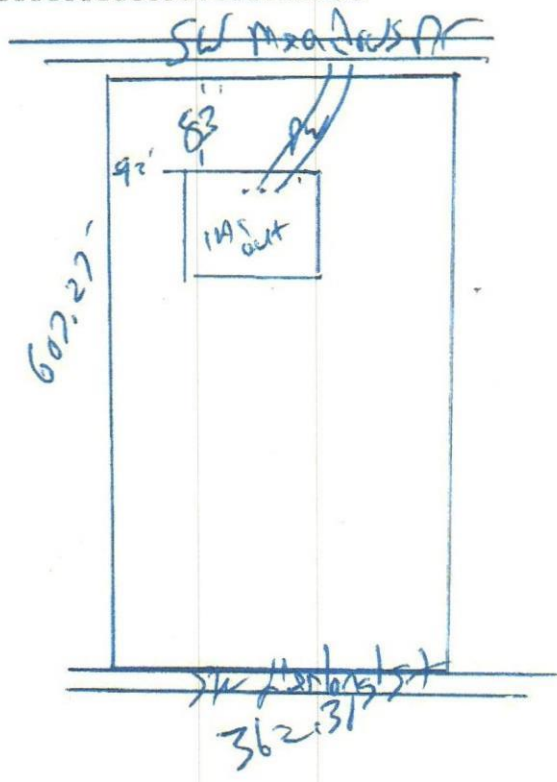
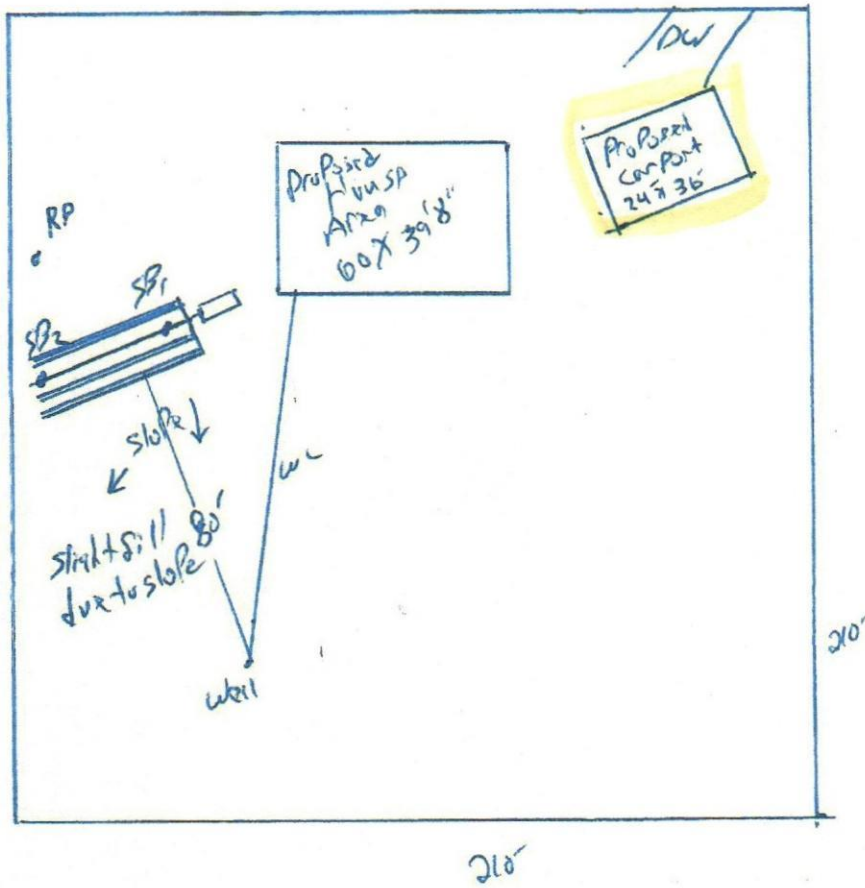
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APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 19-8804

$1' = 50'$

ontiz

PART II - SITEPLAN



Notes: All Permitted features shown w/in 75' of 1 AC out

Site Plan submitted by: [Signature]
Plan Approved: [Signature]
By: [Signature]

Not Approved _____

Date 11/6/19

Columb

County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

1842



The following text is extremely faint and largely illegible. It appears to be a series of lines of text, possibly a list or a set of instructions, located below the diagram. The text is too light to transcribe accurately, but it seems to contain several lines of information.