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

PERMIT NO. 20-0475
DATE PAID: 8/21/20
FEE PAID: 60.00
RECEIPT #: 1553432

APPLICATION FOR:
[ ] New System [X] Existing System [ ] Holding Tank [ ] Innovative
[ ] Repair [ ] Abandonment [ ] Temporary [ ] _____

APPLICANT: Neil Dykes

AGENT: _____ TELEPHONE: 904-759-4935

MAILING ADDRESS: 361 SW Family Ct Lake City, FL 32025

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: ✓ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: 30-4S-17-09913-002 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 6.73 ACRES WATER SUPPLY: [X] PRIVATE PUBLIC [ ]<=2000GPD [ ]>2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: 160 FT

PROPERTY ADDRESS: 361 SW Family Ct Lake City, FL 32025

DIRECTIONS TO PROPERTY: 131 South to Bearden Gaskin Rd. Turn right, right on Family Ct, last property at the end.

BUILDING INFORMATION [X] 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	1120	EX.
✓ 2	30X60 building	—	1800	ADDITN
3				
4				

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

SIGNATURE: [signature] DATE: 8/15/2020

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

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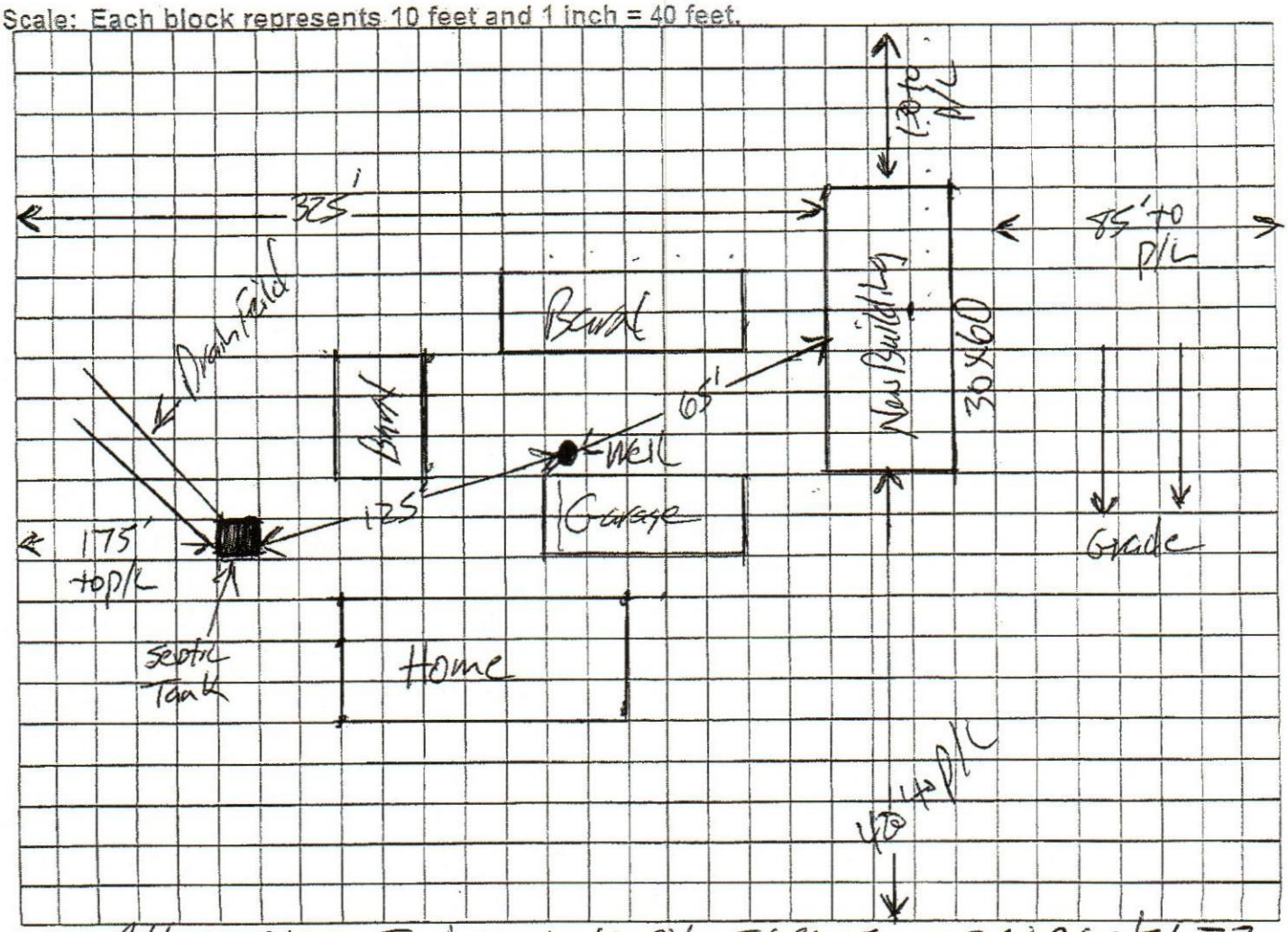
APPLICATION FOR CONSTRUCTION PERMIT

Permit Application Number 20-0675

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

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



Notes: Address: 361 SW Family Ct, Lake City, FL 32025 ~ IACot 6.73

New construction application - Not connecting to existing septic system

Site Plan submitted by: Neil Dilges Owner TITLE DATE: 8/15/2020

Plan Approved X Not Approved ____ Date 8/24/20

By _____ Columbia CHD County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT