



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM

APPLICATION FOR CONSTRUCTION PERMIT

CR # 10-7720

PERMIT NO. 20-0654
DATE PAID: 8/12/20
FEE PAID: 310.00
RECEIPT #: 1551224

APPLICATION FOR:

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

APPLICANT: JACOB & LINDSEY MCKNIGHT

AGENT: PAUL LLOYD

TELEPHONE: (386) 623-3227

MAILING ADDRESS: 20012 S. US 441

HIGH SPRINGS FL 32643

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: N/A BLOCK: N/A SUBDIVISION: METES AND BOUNDS PLATTED: _____

PROPERTY ID #: 04-72-17-09886-004 ZONING: RES I/M OR EQUIVALENT: ☐ NO ☐

PROPERTY SIZE: 2.130 ACRES WATER SUPPLY: ☒ PRIVATE PUBLIC ☐ ≤ 2000 GPD ☐ > 2000 GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? ☐ NO ☐ DISTANCE TO SEWER: N/A FT

PROPERTY ADDRESS: 19902 S. HWY 441 HIGH SPRINGS

DIRECTIONS TO PROPERTY: 441 SOUTH SITE ON RIGHT JUST PAST OLENO STATE PARK.

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	<u>MOBILE HOME</u>	<u>3</u>	<u>1,980</u>	
2				
3				
4				

☐ Floor/Equipment Drains ☐ Other (Specify) _____

SIGNATURE: Paul Lloyd

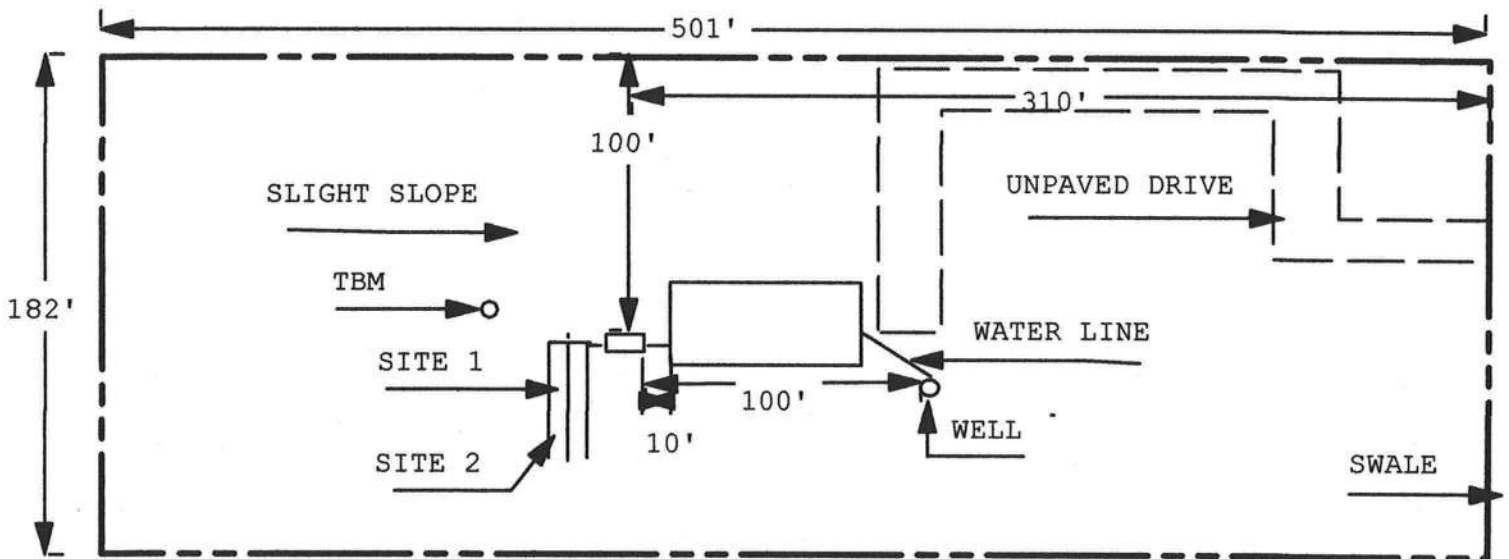
DATE: 8/11/20

**Application for Onsite Sewage Disposal System
Construction Permit. Part II Site Plan**
Permit Application Number: 20-0654

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT

NORTH

CR# 10-7720



NO WELLS WITHIN 100'

1 INCH = 70 FEET

Site Plan Submitted By Paul R. Lloyd Date 8/11/20
Plan Approved ✓ Not Approved _____ Date 8/12/20
By [Signature] Columbia CHD CPHU
Notes: _____