STATE OF FLORIDA **DEPARTMENT OF HEALTH**

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

	Permit Application Number
Dorcas	
Scale: 1 inch = 40 feet.	210'
AN SE	ell
1.	DRIVE WY 80'
109 Ave Ave	Garage 3BR 911
1 acre of 18.45 2	λε,
1 acre of 18.45 ms	800, 108,
Notes:	
1 acre	of 18.45
Site Plan submitted by:	illing 1. Britago II MASTER CONTRACTOR
Plan Approved A	Not Approved Date I-7-21
	Colorib, County Health Department
	WUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT which may not be used) Incorporated: 64E-6.001, FAC Page 2 of 4
(Stock Number: 5744-002-4015-6)	which may not be used) Incorporated: 64E-6.001, FAC Page 2 of 4



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

PERMIT NO	7-500
DATE PAID:	11-21
FEE PAID:	310.06
RECEIPT #:	14/2/44

Page 1 of 4

APPLICATION FOR: [New System [] Exi	sting System	[] Holding Tank	[] Innovative
APPLICANT: Wayne and Michelle D	orcas		
AGENT: ROCKY FORD, A & B CONST	RUCTION	TI	ELEPHONE: 386-497-2311
MAILING ADDRESS: 546 SW Dortch	Street, FT. WHIT	E, FL, 32038	
TO BE COMPLETED BY APPLICANT OF BY A PERSON LICENSED PURSUANT APPLICANT'S RESPONSIBILITY TO PLATTED (MM/DD/YY) IF REQUESTS	DR APPLICANT'S AUT TO 489.105(3)(m) PROVIDE DOCUMENTA ING CONSIDERATION	HORIZED AGENT. SYS OR 489.552, FLORIDA TION OF THE DATE TO OF STATUTORY GRANDS	A STATUTES. IT IS THE HE LOT WAS CREATED OR FATHER PROVISIONS.
PROPERTY INFORMATION			
LOT: NA BLOCK: NA S	UB: NA		PLATTED:
PROPERTY ID #: 05-6S-17-0961	2-000 zo	NING: I/M	OR EQUIVALENT: [Y / N)
PROPERTY SIZE: 18.45 ACRES	WATER SUPPLY: [X]	PRIVATE PUBLIC []<=2000GPD []>2000GPD
IS SEWER AVAILABLE AS PER 381	.0065, FS? [Y /(N)] DIST	ANCE TO SEWER: MA
PROPERTY ADDRESS: SW	Tustenuggee Ave	, Lake City, FL	
DIRECTIONS TO PROPERTY: HO			
The onto us-418,	TR onto	sw Tusten	uggee All
	.,		
BUILDING INFORMATION	[X] RESIDENTIAL	[] COMMERC	CIAL
Unit Type of No Establishment	No. of Building Bedrooms Area Sc	ng Commercial/Inst	titutional System Design er 64E-6, FAC
1 SF Residential	3_186	8	
2			
3			
[] Floor/Equipment Drains	[] Other (Spe	cify)	
SIGNATURE: William	P. Bishop IF		DATE: 1/7/2021
DH 4015, 08/09 (Obsoletes previous Incorporated 64E-6.001, FAC	vious editions whi	ch may not be used)	Page 1 of 4



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

RECEIPT #:____

DOCUMENT #: PR1499825

CONSTRUCTION PERMIT	FOR: OSTDS New	, ,		
APPLICANT: WAYNE				
PROPERTY ADDRESS:		Lake City, FL 32024		
LOT:		SUBDIVISION:		
PROPERTY ID #: 09	612-000		[SECTION, TOWNSHIP, RANGE, PARC [OR TAX ID NUMBER]	EL NUMBER]
381.0065, F.S., A SATISFACTORY PERFO WHICH SERVED AS PERMIT APPLICATION	AND CHAPTER 64E-6 ORMANCE FOR ANY A BASIS FOR ISS . SUCH MODIFICA PERMIT DOES NO	, F.A.C. DEPART SPECIFIC PERIOD GUANCE OF THIS P ATIONS MAY RESULT IF EXEMPT THE AP	MENT APPROVAL OF SYSTEM DOE OF TIME. ANY CHANGE IN ERMIT, REQUIRE THE APPLICANT IN THIS PERMIT BEING MADE PLICANT FROM COMPLIANCE WITH	MATERIAL FACTS, TO MODIFY THE NULL AND VOID.
A [] GALLO N [] GALLON	ONS / GPD ONS / GPD IS GREASE INTERCEPTO	OR CAPACITY [MAXIM		
D [462] SQUARE R [] SQUARE A TYPE SYSTEM: I CONFIGURATION:	FEET N/	A SYSTEM	MOUND []	
F LOCATION OF BENCH				
			FT][ABOVE / BELOW BENCHMARK/RE FT][ABOVE / BELOW BENCHMARK/RE	
			UIRED: [0.00] INCHES rsons (2 per bedroom), for a total estimate	d flow of
SPECIFICATIONS BY	WILLIAM D BISHOP		TITLE: SA0890009; SM0081587	
APPROVED BY:	18		ental Specialist II	Columbia CHD
DATE ISSUED:	Oustin W Jones 01/21/2021		EXPIRATION DATE:	07/21/2022
OH 4016, 08/09 (Obse		editions which may		
Incorporated: 64E-	5.003, FAC			Page 1 of 3