

FW

550 168 206 449



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

PERMIT NO. 22-0549
DATE PAID: 6/17/22
FEE PAID: 115.00
RECEIPT #: 1832053
New \$910.00 7/2/22

APPLICATION FOR:

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

APPLICANT: Jerald + Suzanne Tucker

AGENT:

TELEPHONE: 734-478-7707

MAILING ADDRESS: 165 SE Golf Club Ave, 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: 6 BLOCK: 1 SUBDIVISION: Wilson Springs PLATTED: 2000

PROPERTY ID #: 06-75-16-04149-107 ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: .49 ACRES WATER SUPPLY: [☒ PRIVATE PUBLIC []] <=2000GPD [] >2000GPD

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

PROPERTY ADDRESS: 230 SW Memorial Dr. Fort White

DIRECTIONS TO PROPERTY: Memorial Dr. - Wilson Springs
6th lot on left

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	Barn w/Bath	N/A	1,250	std 22
2	Storage Barn	N/A	1,080	
3				
4				

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

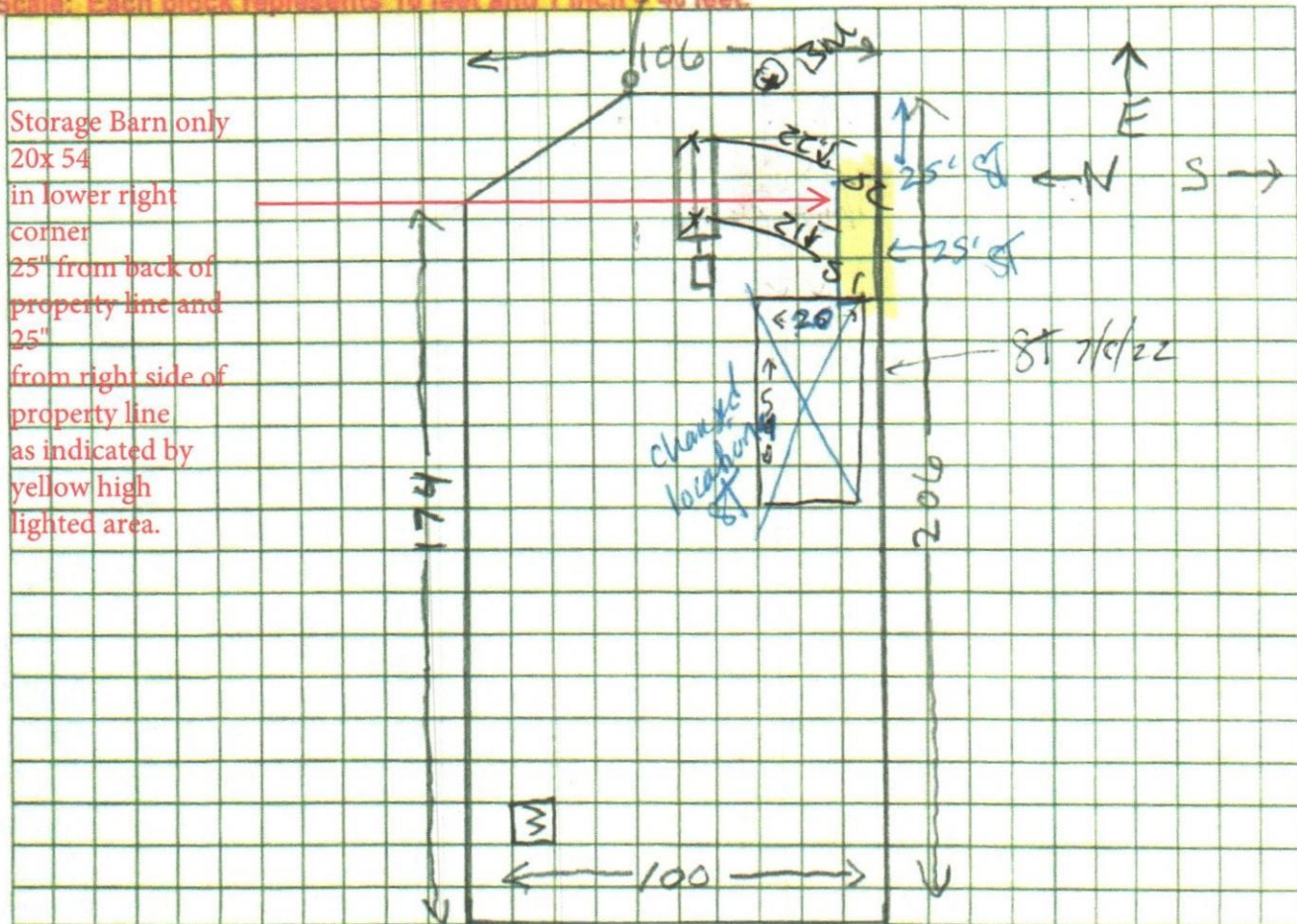
SIGNATURE: Suzanne

DATE: 6/17/22

Permit Application Number

22-0549

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



Notes:

Site Plan submitted by:

Agent:

Owner:

Date: _____

4/17/22

Plan Approved

Not Approved

Date 7/1/22

By _____

COLUMBIA County Health Department

DH 4015, 08/09 (Obsoletes previous editions which may not be used) Incorporated: 64E-6.001, FAC
 (Stock Number: 5744-002-4015-6)

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APPROVED